

Case Number:	CM14-0092764		
Date Assigned:	07/25/2014	Date of Injury:	01/25/2002
Decision Date:	08/28/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old male who reported injury on 01/25/2002 caused by a motor vehicle accident. The injured worker treatment history included MRI, fluoroscopically guided injection, surgery, corticosteroid injections, CT scan, medications, physical therapy, chiropractic treatment, and pain management. The injured worker was evaluated on 05/02/2014, and it was documented that the injured worker was having difficulty getting his medications on a timely basis. The provider noted the injured worker refilled his MS-Contin a week late last month, and he was supposed to get refill 2 days ago and while taking a shower he spilled his pills in some hot water now he has not had any for the last 3 days. Currently he was suffering from a bit of an opiate withdrawal. Medication included Norco 10/325, MS-Contin 30 mg, Soma 350 mg, Gabapentin 300 mg, and Subsys 400 mcgs, Xanax 1mg, B12 Shots, Amlodipine 10mg and Levothyroxine 1mg. The injured worker has tried and failed Lotrimin and Vicodin. The objective findings were he continued to have decreased range of motion in the shoulders. The left shoulder had approximately 40 degrees abduction. No strength on the left shoulder with resistance. Diagnoses included discogenic low back pain, secondary to multilevel disc bulges, spondylolisthesis of L1-2, and chronic right knee pain secondary to a full thickness tear of lateral femoral cartilage loss. History of bilateral heel spurs, bilateral shoulder pain status post right shoulder joint replacement, and status post right sacroiliac joint fusion. Request for Authorization dated 06/02/2014 was for MS-Contin 30 mg, Norco 10/325 mg, and Soma 350 mg; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MS Contin 30 mg #120:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements of conservative measures indicated for the injured worker such as physical therapy or a home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request is not medically necessary and appropriate.

Norco 10/325mg QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request is not medically necessary and appropriate.

Soma 350mg QTY:60:00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the MTUS Chronic Pain Guidelines do not recommend Soma to be used for long-term use. As such, the request is not medically necessary and appropriate.