MAXIMUS Federal Services

Case Number:	CM14-0192753		
Date Assigned:	11/26/2014	Date of Injury:	07/28/2005
Decision Date:	01/14/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 and is licensed to practice in California. 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 patient is a 69 year-old male with date of injury 7/28/05. The treating physician report dated 8/18/14 (14) and 10/22/14 (24) indicate that the patient presents with pain affecting the lower back and neck. The physical examination findings reveal the patient has pain and numbness in his hands and legs and is unable to get a full night's sleep due to the pain. Additionally, he is unable to move his neck without pain and wears a cervical collar and walks with a cane. Prior treatment history includes biofeedback, multiple course of physical therapy, [redacted], spinal anesthesia, trigger point injections, upper and lower traction sessions and exercise programs. The current diagnoses are: - Cervical spasm- Cervical degenerative disc- Lumbar degenerative disc with spinal stenosisThe utilization review report dated 10/29/14 denied the request for Carisoprodol 350 mg, quantity of 30.00 and modified the request for Oxycodone 10 mg from a quantity of 270 to a quantity of 90 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments: Carisoprodol Page(s): 29.

Decision rationale: The patient presents with pain affecting the lower back and neck. The current request is for Carisoprodol 350 mg, quantity 30.00. The treating physician report dated 10/22/14 (24) states that the patient has been prescribed Carisoprodol since 10/20/14 and the physician states "Continue the Soma and Oxycodone." MTUS guidelines regarding Carisoprodol state: "Not recommended. This medication is not indicated for long-term use." Continued usage of this muscle relaxant is not supported by MTUS beyond 2-3 weeks. In this case, the records provided do not provide a record of prior muscle spasms or a record of functional improvement. Therefore, is no compelling rationale provided by the treating physician to continue this patient on this centrally acting skeletal muscle relaxant beyond the MTUS guideline recommendation of 2-3 weeks. Recommendation is for denial.

Oxycodone 10 mg QTY: 270.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

Decision rationale: The patient is a retired 69-year old man who presents with pain affecting the lower back and neck. The current request is for Oxycodone 10 mg, quantity of 270.00. The MTUS guidelines for opioid usage require documentation of pain and functional improvement compared to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS further requires documentation of the four A's (analgesia, ADL's, adverse side effects, adverse behavior). The treating physician report dated 10/22/14 (24) states that the patient has been prescribed Oxycodone since 9/18/14. The medical records provided document the physician has established the medical necessity for this narcotic at UR review (5). Therefore the UR records researched to establish medical necessity of this narcotic were not provided for IMR. Given the fact that the medical necessity of the narcotic had previously been established the IMR was triggered based upon the UR modification of the 270-count prescription request to a 90-count prescription. MTUS guidelines require thorough documentation of the functional benefits of chronic opioid usage measured at 6-month intervals. In this case the treating physician has met this requirement and shown a functional benefit from the ongoing usage of Oxycodone. The Oxycodone is written for 3 times per day so the requested amount is for a 3 month supply. Since this medication is a tightly regulated opioid, the IW will only be given a one month supply. Therefore, the request is for one month with two refills. Given the prescription count is for a period of less than 6-months the physician has complied with MTUS guidelines and will potentially be able to document the patient's four A's within required timeframe. Therefore, recommendation is for authorization.