

Case Number:	CM14-0198243		
Date Assigned:	12/08/2014	Date of Injury:	09/20/2001
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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 injured worker sustained a work related injury on September 20, 2001. The exact mechanism of the work related injury was not included in the documentation provided. An Interventional Pain Management note dated October 2, 2014, noted the injured worker with a flare up, including complaints of cervical and lumbar spine pain, radiating to the neck and right leg, rating a 6/10 on a pain scale without medication. Physical examination was noted to show moderate to severe tenderness over the bilateral lumbar paraspinal muscles, severe facet tenderness, and positive right sacroiliac joint tenderness. The Physician's assessment was noted to include status post lumbar fusion, instrumentation, and removal of hardware, lumbar radiculopathy, lumbar discopathy, lumbar facet arthropathy, sacroiliac joint arthropathy, chronic low back pain, and anxiety and depression. The surgical report was not included in the documentation provided. The Physician requested retrospective authorization for Soma 350mg one by mouth three times a day as needed #90, Opana ER 40mg one by mouth three times a day as needed #90, Opana ER 10mg one by mouth three times a day as needed #90, Norco 10/325mg one by mouth every four to six hours #120, Motrin 800mg one by mouth twice a day, and Ambien 10mg one by mouth every night #30. On October 31, 2014, Utilization Review evaluated the retrospective request for Soma 350mg one by mouth three times a day as needed #90, Opana ER 40mg one by mouth three times a day as needed #90, Opana ER 10mg one by mouth three times a day as needed #90, Norco 10/325mg one by mouth every four to six hours #120, Motrin 800mg one by mouth twice a day, and Ambien 10mmg one by mouth every night #30, citing The MTUS Chronic Pain Medical Treatment Guidelines. The retrospective requests for the Soma 350mg one by mouth three times a day as needed #90, Opana ER 40mg one by mouth three times a day as needed #90, Opana ER 10mg one by mouth three times a day as needed #90, Norco 10/325mg one by mouth every four to six hours #120, Motrin 800mg one by

mouth twice a day⁶⁰, and Ambien 10mg one by mouth every night #30, were noted to be non-certified. The UR Physician's provided rationale was unclear. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to guidelines, Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. According to medical records the patient has been on soma for a prolonged period of time and is not medically necessary and appropriate.

Retrospective Opana 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: Based on guidelines, first line treatment should be used prior to opioids. Opioids should only be used for moderate pain and the patient should have functional improvement. According to the medical records, the patient shows no improvement with opioids and thus the request is not medically necessary.

Retrospective Opana ER 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: Based on guidelines, first line treatment should be used prior to opioids. Opioids should only be used for moderate pain and the patient should have functional improvement. According to the medical records, the patient shows no improvement with opioids and thus the request is not medically necessary.

Retrospective Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: Based on guidelines, first line treatment should be used prior to opioids. Opioids should only be used for moderate pain and the patient should have functional improvement. According to the medical records, the patient shows no improvement with opioids and thus the request is not medically necessary.

Retrospective Motrin 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: Guidelines states that non-steroidal anti-inflammatory drugs (NSAIDs) should be used for a short duration. The patient shows no improvement while being on NSAIDs. According to the medical records, there is no documentation of improvement and thus the request is not medically necessary.

Retrospective Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ambien

Decision rationale: According to guidelines, ambien should only be used for 2 to 6 weeks. According to medical records, the patient has been on ambien for a longer then recommended time frame, therefore, is not medically necessary.