

Case Number:	CM14-0199666		
Date Assigned:	01/16/2015	Date of Injury:	07/25/2013
Decision Date:	02/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 claimant has a history of a work injury occurring on 07/25/13 when, while working as a metal fabricator, he fell 12 feet through a hole on a construction site. He sustained a left wrist fracture and injuries to his left side. He underwent ORIF of the wrist fracture on 08/16/13. He was seen by the requesting provider on 10/17/13. He was having low back and bilateral leg pain. Physical examination findings included paraspinal muscle tenderness. On 02/20/14 he was having bilateral radiating lower extremity pain to his ankles. Medications included Percocet 5/325 mg up to five times per day and Flexeril as needed. There was pain with left hip range of motion. Imaging results were reviewed. His Percocet dose was decreased. Soma was prescribed. On 05/29/14 he had ongoing symptoms. Physical examination findings appear unchanged. Recommendations included a continued home exercise program. Authorization for a left hip MRI was requested. On 10/23/14 there had been 100% relief of low back pain after a sacroiliac joint injection with pain relief lasting for five hours. Medications were gabapentin 300 mg, Percocet 5/325 mg four times per day, and Soma 350 mg at night. Physical examination findings included left sacroiliac joint tenderness with positive Faber and pelvic compression testing. Authorization for left sacroiliac joint radiofrequency ablation treatment and consideration of a piriformis injection is referenced. Percocet 5/325 mg #120 and Soma 350 mg #30 were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Opioids, criteria for use and (2) Opioids, dosing Page(s): (s) 76-80 and 86.

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for radiating low back pain with temporary relief of low back pain after a sacroiliac joint injection. Medications include Percocet and Soma. Percocet (Oxycodone/Acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the prescribing of Percocet was medically necessary.

Soma 350mg #30: Upheld

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

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

Decision rationale: The claimant is more than 1 years status post work-related injury and continues to be treated for radiating low back pain with temporary relief of low back pain after a sacroiliac joint injection. Medications include Percocet and Soma. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.