

Case Number:	CM14-0211707		
Date Assigned:	12/24/2014	Date of Injury:	03/07/2008
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 49 year old male with date of injury 3/7/08. The mechanism of injury is stated as a fall from a chair. The patient has complained of neck pain and low back pain since the date of injury. He has been treated with physical therapy, cervical spine laminectomy and medications. MRI of the cervical spine dated 07/2013 revealed cervical fusion from C4-5 with moderate to severe right neuroforaminal stenosis at this level and facet arthropathy at C8-T1 with moderate to severe neuroforaminal stenosis at this level. Objective: decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the lumbar spine; tenderness to palpation of the cervical and lumbar paraspinal musculature. Diagnoses: cervical post laminectomy, cervical radiculopathy, lumbar degenerative disc disease, lumbar spondylosis. Treatment plan and request: Percocet, Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 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, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old male patient has complained of neck pain and low back pain since date of injury 3/7/08. He has been treated with physical therapy, cervical spine laminectomy and medications to include opioids since at least 01/2014. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not indicated as medically necessary.

Soma 350mg #60: Upheld

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

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

Decision rationale: This 49 year old male patient has complained of neck pain and low back pain since date of injury 3/7/08. He has been treated with physical therapy, cervical spine laminectomy and medications to include Soma since at least 01/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not indicated as medically necessary.

Dilaudid 8mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 49 year old male patient has complained of neck pain and low back pain since date of injury 3/7/08. He has been treated with physical therapy, cervical spine laminectomy and medications to include opioids since at least 01/2014. The current request is for Dilaudid. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Dilaudid is not indicated as medically necessary.