

Case Number:	CM15-0009465		
Date Assigned:	01/27/2015	Date of Injury:	09/27/1996
Decision Date:	03/24/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male who sustained an industrial injury reported on 9/27/1996. He has reported severe low back pain with spasms, resulting in bed rest x 3 weeks, and cervical and left upper extremity pain with headaches. The diagnoses have included lumbosacral neuritis; occipital neuralgia; cervical radiculopathy; right failed back surgery syndrome; failed neck surgery syndrome; lumbar radiculopathy and lumbar facet arthropathy. Treatments have included conservative therapy with home exercise program, moist heat and stretches; transcutaneous electrical stimulation unit; Surgeries to the lower back and cervical spine; and medication management. The work status classification for this injured worker (IW) was noted to be on work restrictions. On 12/26/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/16/2014, for 1 urine toxicology screening test and Soma 350mg #90; and modified, for medical necessity, the request for Norco 10/325mg #150 and Celebrex 200mg #30 with 4 refills. The Medical Treatment Utilization Schedule, chronic pain medical management, toxicology testing, Soma, Norco and weaning of medications, non-steroidal anti-inflammatory agents and osteoarthritis, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine toxicology test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse (Tolerance, Dependence, Addition), Criteria for Us.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The injured worker sustained a work related injury on 9/27/1996. The medical records provided indicate the diagnosis of included lumbosacral neuritis; occipital neuralgia; cervical radiculopathy; right failed back surgery syndrome; failed neck surgery syndrome; lumbar radiculopathy and lumbar facet arthropathy. Treatments have included conservative therapy with home exercise program, moist heat and stretches; transcutaneous electrical stimulation unit; Surgeries to the lower back and cervical spine; and medication management. The medical records provided for review do not indicate a medical necessity for 1 urine toxicology test between 12/2014 and 2/2015. The MTUS recommends urine drug screen as an option to assess for the use or the presence of illegal drugs. The Official Disability Guidelines recommends that patients at moderate risk be tested 2-3 times a year. The records indicate the injured worker suffers from major depression; this places her at major risk. The records indicate she was tested in 04/2014, 05/2014 and 11/2014.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

Decision rationale: The injured worker sustained a work related injury on 9/27/1996. The medical records provided indicate the diagnosis of included lumbosacral neuritis; occipital neuralgia; cervical radiculopathy; right failed back surgery syndrome; failed neck surgery syndrome; lumbar radiculopathy and lumbar facet arthropathy. Treatments have included conservative therapy with home exercise program, moist heat and stretches; transcutaneous electrical stimulation unit; Surgeries to the lower back and cervical spine; and medication management. The medical records provided for review do not indicate a medical necessity for Soma 350mg #90. The records indicate the injured worker has been using this medication for at least six months. Soma (Carisoprodol) is a muscle relaxant. The MTUS recommends against the use of Carisoprodol for more than 2-3 weeks.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 9/27/1996. The medical records provided indicate the diagnosis of included lumbosacral neuritis; occipital neuralgia; cervical radiculopathy; right failed back surgery syndrome; failed neck surgery syndrome; lumbar radiculopathy and lumbar facet arthropathy. Treatments have included conservative therapy with home exercise program, moist heat and stretches; transcutaneous electrical stimulation unit; Surgeries to the lower back and cervical spine; and medication management. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #150. The records indicate the injured worker has been using this medication for at least eight months, but with no apparent improvement in pain control. The MTUS recommends against the long term use of opioids since the researches supporting their use for chronic pain have been limited to 70 days. Also, the MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances; if there is continuing pain with the evidence of intolerable adverse effects; if there is decrease in functioning.

Celebrex 200mg, #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The injured worker sustained a work related injury on 9/27/1996. The medical records provided indicate the diagnosis of included lumbosacral neuritis; occipital neuralgia; cervical radiculopathy; right failed back surgery syndrome; failed neck surgery syndrome; lumbar radiculopathy and lumbar facet arthropathy. Treatments have included conservative therapy with home exercise program, moist heat and stretches; transcutaneous electrical stimulation unit; Surgeries to the lower back and cervical spine; and medication management. The medical records provided for review do not indicate a medical necessity for Celebrex 200mg, #30 with 4 refills. The MTUS recommends Complete blood count, liver and kidney function tests, be done individuals on NSAIDS starting within 4 to 8 weeks of starting the NSAID. There is no indication the injured worker would be tested within the period of the injured worker would be on the medication.