

Case Number:	CM15-0102019		
Date Assigned:	06/04/2015	Date of Injury:	03/31/2005
Decision Date:	07/02/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 59 year old male who sustained an industrial injury on 03/31/2005. He reported involvement in a roll-over motor vehicle accident with loss of consciousness. The injured worker was diagnosed as having closed head injury and head lacerations, sprain of neck, sprain thoracic region, sprain rotator cuff. Treatment to date has included a lumbar laminectomy and fusion which continues to cause pain, right shoulder surgery, physical therapy, pain medications and medication management. His current diagnoses include chronic pain, backache, cervicgia, and brachial neuritis. On the provider visit of 04/24/2015, the injured worker complains of frequent fluxuations in his back pain and states he is experiencing more pain necessitating use of a 4 wheel walker for support when walking. He states his average pain is 7/10. He complains of break through pain during the day. His medications are MS Contin, oxycodone, Prilosec, promethazine, Amitza, Lunesta, Neurontin, Senna, Ambien, and Norco. He states his gastric symptoms are controlled with use of Prilosec. He denies side effects from the current pain relievers. Objectively there was tenderness of the right shoulder with range of motion, impingement test and Hawkins test were positive. There was tenderness to palpation over the back and lumbar spine testing shows decreased range of motion in flexion, extension, lateral flexion, and rotation. He has decreased sensation of the upper and lower extremities. Treatment plan includes ongoing monthly office visits for chronic pain, refills of the above medications, urine drug screen, and a request for authorization for Soma 350mg #30, and Senna lax 8.6 #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna lax 8.6 #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is certified. Therefore, the requested treatment is medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.