MAXIMUS Federal Services

Case Number:	CM15-0016546		
Date Assigned:	03/10/2015	Date of Injury:	01/12/2007
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/28/2015

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: California
Certification(s)/Specialty: Emergency 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:

This 46 year old woman sustained an industrial injury on 1/12/2007. The mechanism of injury is not detailed. Diagnoses include lumbago, spinal enthesopathy, cervicalgia, and headache. Treatment has included oral medications. Physician notes on a PR-2 dated 12/2/2014 show complaints of achiness with upset stomach. The worker is afraid she may be going through withdrawal despite taking Methadone. Pain is 10/10 and reportedly improves to 5/10 with medications. Exam does not show distress. Patient is chronically on MS Contin, Soma, Oxycodone and Fioricet. Urine Drug Screen from 9/10/14 was positive for all prescribed medications.Recommendations include returning to her prior medication regimen, refill Topamax, and follow up in one month. Prior MRI dated 12/3/13 reveals diffuse lumbar spondylosis with mild canal stenosis and foraminal narrowing at L3-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg Day supply: 25 qty: 150 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management Page(s): 92, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation provided shows a consistent failure to document all required components required by MTUS Guidelines. There is a consistent failure to document physical exams. There is a failure to document exactly how much pain medication patient is actually taking. It is unclear how much opioids the patient is on but oxycodone alone exceed 120mg Morphine Equivalent Dose (MED) the recommended maximum daily dose. Patient is on multiple opioids that is not providing any objective improvement in pain or function. There is no documentation of long term plan. There was barely an attempt at weaning and a sudden decision to return to prior opioid regiment. Despite Urine drug screen, there is no documentation of abuse screening or side effect assessment. Poor documentation does not support ongoing opioid therapy. Oxycodone is not medically necessary.

Carisoprodol 350mg day supple: 30 qty: 120 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64-65.

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

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Use of Carisoprodol, a potentially addictive, dangerous and not-recommended medication, is not medically necessary.