

Case Number:	CM15-0149958		
Date Assigned:	08/13/2015	Date of Injury:	09/27/2010
Decision Date:	09/14/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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: Arizona, Michigan

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 48 year old male, who sustained an industrial injury on 9-27-15. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, peripheral neuropathy and spasm of muscle. Treatment to date has included lumbar epidural steroid injections, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, activity modifications and oral medications including Valium, Ibuprofen 800mg, Norco 10-325mg and Methadone 10mg. (MRI) magnetic resonance imaging of lumbar spine performed on 7-7-15 revealed L5-S1 underlying disc protrusion, L4-5 mild bilateral foraminal narrowing and no significant change since previous study 10-22-14. Currently on 7-14-15, the injured worker complains of mid to low back pain with radiation to the left buttock, left leg, right buttock and right leg. Work status is not documented. Physical exam performed on 7-14-15 revealed no abnormalities. The treatment plan included prescriptions for Soma 350mg and Methadone 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, soma Page(s): 63, 29.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. The injured worker has utilized Soma since at least 1-30-15. with no documentation of improved pain and function. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Methadone 10 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone (Dolophine, Methadose); Opioids Page(s): 93-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, the patient has constant back pain. The injured worker has utilized Methadone since at least 1-30-15. There is no documentation of CA MTUS opioid compliance guidelines including a risk assessment profile, updated urine drug testing, or an updated and signed pain contract between the provider and the patient. In addition, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.