

Case Number:	CM15-0167653		
Date Assigned:	09/08/2015	Date of Injury:	04/25/2008
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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, 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 is a 57-year-old female who sustained an industrial injury on 4-25-08. Progress report dated 6-15-15 reports follow up for complex regional pain syndrome of her left upper extremity, ulnar nerve lesion, depression, low back pain and carpal tunnel syndrome. She reports constant pain in her left upper extremity, neck and right upper extremity described as numbing. The average pain level with medications is rated 9 out of 10. Diagnoses include: complex regional pain syndrome, ulnar nerve lesion, depressive disorder, low back pain and carpal tunnel syndrome. Plan of care includes: recommend spinal cord stimulation trial but she declined, continue hand opening exercises every day, refill soma 350 mg 1 every 6 hours, #90, and Oxycodone, and continue stretching and strengthening of left arm and hand. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS Guidelines support the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications can lead to dependence. In this case, there is a lack of information regarding the request for ongoing use of SOMA. There is a question regarding the presence of actual muscle spasm and a lack of compliance in taking the SOMA. The duration of treatment is unknown and there appears to be no documentation of a pain contract and urine drug screens to monitor compliance and aberrant behavior. One recorded pain score of 9-10/10 with medication evidence a lack of efficacy. Thus, the request for ongoing SOMA is not medically necessary or appropriate.

Oxycodone 15mg, #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. They should be utilized for short-term pain relief. Ongoing use is supported if prescription are from a single practitioner, medications are prescribed at the lowest possible dose, and there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, there appears to be a lack of efficacy, with the single report of pain relief at a 9-10/10 with use of medication. No pain contract or urine drug screen is present in the documentation submitted. Long-term use can be supported if there is improvement in pain relief, improved functional status and the patient is able to return to work. Therefore, based on the above findings, the request is not medically necessary or appropriate.