

Case Number:	CM15-0207250		
Date Assigned:	10/26/2015	Date of Injury:	04/06/2013
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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:

The injured worker is a 56 () year old female, who sustained an industrial injury on 4-06-2013. The injured worker is being treated for severe disc collapse, grade I spondylolisthesis, degenerative changes L5-S1 and significant facet arthropathy at L4-5 and L5-S1 bilaterally. Treatment to date has included long-term use of medications, work modifications, diagnostics, lumbar transforaminal steroid epidural injections and facet block (8-10-2015). Per the Secondary Treating Physician's Progress Report dated 8-19-2015, the injured worker presented for interval pain management evaluation. She was status post L4-5 and L5-S1 facet blocks bilaterally on August 10, 2015 with which she experienced approximately 75% relief of her pain. However, her pain has been gradually returning. Her pain was rated as 7 out of 10 prior to the procedure and 4 out of 10 after the procedure. Current medications include Percocet, Butrans, docusate sodium, ibuprofen, Norco and Soma. Objective findings included a well healing procedure site with no discoloration, warmth, discharge or signs or symptoms of infection. Work status was modified. The plan of care included continuation of medications. Per the medical records dated 12-30-2014 to 9-30-2015, there is no documentation of any significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medications. The notes from the provider do not document efficacy of the prescribed medications. The IW has been prescribed hydrocodone and acetaminophen since at least 4-19-2013 and Soma since at least 4-12-2014. She was prescribed Norco and Soma on 12-30-2014 and 6-09-2015. She was prescribed Norco, Percocet, ibuprofen and Soma on 7-21-2015. Authorization was requested for Restoril 15mg #60 Percocet 10-325mg #150 and Soma 350mg #90. On 10-13-2015, Utilization Review non-certified the request for Restoril 15mg #60 and modified the request for Percocet 10-325mg #150 and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

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

Decision rationale: The requested Percocet 10/325mg #150 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker is status post L4-5 and L5-S1 facet blocks bilaterally on August 10, 2015 with which she experienced approximately 75% relief of her pain. However, her pain has been gradually returning. Her pain was rated as 7 out of 10 prior to the procedure and 4 out of 10 after the procedure. Current medications include Percocet, Butrans, docusate sodium, ibuprofen, Norco and Soma. Objective findings included a well healing procedure site with no discoloration, warmth, discharge or signs or symptoms of infection. Work status was modified. The plan of care included continuation of medications. Per the medical records dated 12-30-2014 to 9-30-2015, there is no documentation of any significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medications. The notes from the provider do not document efficacy of the prescribed medications. The IW has been prescribed hydrocodone and acetaminophen since at least 4-19-2013 and Soma since at least 4-12-2014. She was prescribed Norco and Soma on 12-30-2014 and 6-09-2015. She was prescribed Norco, Percocet, ibuprofen and Soma on 7-21-2015. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg #150 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The requested Soma 350mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker is status post L4-5 and L5-S1 facet blocks bilaterally on August 10, 2015 with which she experienced approximately 75% relief of her pain. However, her pain has been gradually returning. Her pain was rated as 7 out of 10 prior to the procedure

and 4 out of 10 after the procedure. Current medications include Percocet, Butrans, docusate sodium, ibuprofen, Norco and Soma. Objective findings included a well healing procedure site with no discoloration, warmth, discharge or signs or symptoms of infection. Work status was modified. The plan of care included continuation of medications. Per the medical records dated 12-30-2014 to 9-30-2015, there is no documentation of any significant improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current medications. The notes from the provider do not document efficacy of the prescribed medications. The IW has been prescribed hydrocodone and acetaminophen since at least 4-19-2013 and Soma since at least 4-12-2014. She was prescribed Norco and Soma on 12-30-2014 and 6-09-2015. She was prescribed Norco, Percocet, ibuprofen and Soma on 7-21-2015. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Soma 350mg #90 is not medically necessary.