

Case Number:	CM15-0208144		
Date Assigned:	10/27/2015	Date of Injury:	12/13/2001
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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, Texas

Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 12-13-2001. A review of medical records indicates the injured worker is being treated for lumbar myofascial pain syndrome, lumbar sprain strain with disc herniation and radiculopathy in the left leg chronic, and depression. Medical records dated 9-25-2015 noted he could not continue to work without medications. He had leg pain. He continues to have benefit with Soma as a muscle relaxer and uses Percodan for pain. Physical examination noted muscle guarding with palpation in the lumbar muscles. There was a 3 degree right antalgic list unweighting the left lower extremity. There was ongoing pain over the sacroiliac joint. Treatment has included Soma since at least 11-6-2008 and Percodan since at least 2-26-2015. Utilization review form dated 9-28- 2015 non-certified Percodan #60 and Soma 350mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percodan, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Percodan.

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

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had a meaningful improvement in function or pain while taking this medication. Furthermore the MTUS does not recommend long-term use of Percodan. The continued use is not medically necessary.

Soma 350mg, #45: 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): Muscle relaxants (for pain).

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has used this muscle relaxant longer than the recommended amount of time. The continued use is not medically necessary.