

Case Number:	CM15-0020397		
Date Assigned:	02/10/2015	Date of Injury:	07/19/1999
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 07/19/1999. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/19/2015. The documentation of 01/15/2015 revealed the injured worker had complaints of severe low back pain and left lower extremity dysesthetic pain. The lumbar MRI revealed a prior L3-4 fusion and left sided L2-3, L4-5, and L5-S1 bulge. The injured worker had complaints of lumbar pain related to the bilateral feet. It was noted to be partially relieved with medication and home exercise. The current medications were noted to include Soma 350 mg 1 to 2 tablets with a maximum of 6 per day, Norco 10/325 mg 2 to 3 four times a day with a maximum of 11 per day, and MS Contin 200 mg 2 to 3 tablets twice a day. The injured worker had severe left greater than right lumbar tenderness and spasms. The injured worker had a positive sitting and lying straight leg raise bilaterally. The diagnoses included sprain and strain of the lumbar region and failed back surgery syndrome. The injured worker had lumbar degenerative disc disease and lumbar radiculopathy. The treatment plan included a continuation of the current medications. The documentation indicated the injured worker had benefit of the medication and there was documentation of potential side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 200mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement and documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. The oral morphine equivalents would be 1310 mg, which would exceed the maximum 120 mg recommended daily oral morphine equivalents. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for MS Contin 200 mg #150 is not medically necessary.

Norco 10/325mg #330: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

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Soma 350mg #160 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The clinical documentation submitted for review indicated this was a medication refill. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Soma 350 mg #160 with 1 refill is not medically necessary.