

Case Number:	CM15-0022706		
Date Assigned:	02/12/2015	Date of Injury:	10/31/2000
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55-year-old male who reported an injury on 10/31/2000. The mechanism of injury was not stated. The current diagnoses include L4-5 pseudarthrosis, L3-4 segment degeneration, status post fusion at L3-5, narcotic dependence and chronic intractable pain. The injured worker presented on 01/08/2015 for a follow-up evaluation with complaints of mid to low back pain with radiation into the right lower extremity causing numbness. The injured worker reported 9.5 on VAS without the use of medications and 5.5 on VAS with the use of medications. The current medication regimen includes Soma 350 mg, Flomax 0.4 mg, fentanyl 100 mcg, and Dilaudid 8 mg. Upon examination, there was a mildly antalgic gait, a well healed midline incision, palpable tenderness over the paravertebral muscles bilaterally, decreased sensation globally in the bilateral lower extremities, and motor weakness in the bilateral lower extremities. Straight leg raise was also positive on the right. Recommendations included continuation of the current medication regimen. It was also noted that the injured worker was pending authorization for a pain management consultation to discuss options of inpatient detoxification versus outpatient detoxification. A Request for Authorization form was then submitted on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 01/2011. There is no documentation of a failure of nonopioid analgesics. There is also no mention of objective functional improvement despite the ongoing use of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

Fentanyl 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 47, 78, 86, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 44 and 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 01/2011. There is no documentation of a failure of nonopioid analgesics. There is also no mention of objective functional improvement despite the ongoing use of this medication. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.

Soma 350mg #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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, there was no documentation of palpable muscle spasm or spasticity upon examination. It is also noted that the injured worker has utilized

this medication since at least 07/2014. The guidelines would not support long-term use of muscle relaxants. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.