

Case Number:	CM15-0210386		
Date Assigned:	10/29/2015	Date of Injury:	01/20/1987
Decision Date:	12/10/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/26/2015

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
 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 71 year old female, who sustained an industrial injury on 1-20-1987. The injured worker was being treated for displacement of lumbar intervertebral disc without myelopathy, low back pain, lumbar postlaminectomy syndrome, and sciatic nerve lesion. The injured worker (7-23-2015, 9-1-22, 2015, and 9-22-2015) reported chronic low back, left hip, and left lower extremity pain. She reported her intrathecal pump was helpful. She reported her medication decreased her pain by 30% and continued to assist her activities of daily living and mobility. The physical exam (7-23-2015, 9-1-22, 2015, and 9-22-2015) revealed multiple lumbosacral surgical scars and tenderness of the bilateral hip ischial tuberosity, left sciatic notch, bilateral piriformis, left gluteus medius, left sciatic nerve, and left hamstring. The tenderness to palpation noted painful and restricted lumbar spine range of motion. The urine drug screen (dated 4-30-2015) indicated positive results for Fentanyl, Norfentanyl, Oxazepam, Temazepam, Nordiazepam, Carisoprodol, and Meprobamate. The urine drug screen (dated 5-28-2015) indicated positive results for Norfentanyl, Carisoprodol, and Meprobamate. The urine drug screen (dated 6-25-2015) indicated positive results for Fentanyl, Norfentanyl, Carisoprodol, and Meprobamate. The urine drug screen (dated 7-23-2015) indicated positive results for Fentanyl, Norfentanyl, Oxazepam, Carisoprodol, and Meprobamate. Per the treating physician (9-22-2015 report), there is a signed pain management agreement, use of a Controlled Substance Utilization Review and Evaluation System (CURES) report to screen for multiple providers, and there has been no evidence of impairment, abuse, diversion, or hoarding. Surgeries to date have included more than 17 back surgeries and implantation of an intrathecal opiate pump. Treatment has

included aquatic therapy, an intrathecal opiate pump, a spinal cord simulator trial, a four-pronged cane, and medications including pain (Fentanyl patches since at least 5-2015) and muscle relaxant (Carisoprodol since at least 5-2015). On 8-25-2015, the requested treatments included Fentanyl patch 50mcg/hr. and Carisoprodol 250mg. On 10-23-2015, the original utilization review non-certified a request for Carisoprodol 250mg and modified a request for Fentanyl patch 50mcg/hr. #7 (original #14) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 50mcg/hr #15: Overturned

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

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

Decision rationale: The requested Fentanyl patch 50mcg/hr #15 , is 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 reported her medication decreased her pain by 30% and continued to assist her activities of daily living and mobility. The physical exam (7-23-2015, 9-1-22, 2015, and 9-22-2015) revealed multiple lumbosacral surgical scars and tenderness of the bilateral hip ischial tuberosity, left sciatic notch, bilateral piriformis, left gluteus medius, left sciatic nerve, and left hamstring. The tenderness to palpation noted painful and restricted lumbar spine range of motion. The urine drug screen (dated 4-30-2015) indicated positive results for Fentanyl, Norfentanyl, Oxazepam, Temazepam, Nordiazepam, Carisoprodol, and Meprobamate. The urine drug screen (dated 5-28-2015) indicated positive results for Norfentanyl, Carisoprodol, and Meprobamate. The urine drug screen (dated 6-25- 2015) indicated positive results for Fentanyl, Norfentanyl, Carisoprodol, and Meprobamate. The urine drug screen (dated 7-23-2015) indicated positive results for Fentanyl, Norfentanyl, Oxazepam, Carisoprodol, and Meprobamate. Per the treating physician (9-22-2015 report), there is a signed pain management agreement, use of a Controlled Substance Utilization Review and Evaluation System (CURES) report to screen for multiple providers, and there has been no evidence of impairment, abuse, diversion, or hoarding. The treating physician has documented functional improvement from its use as well as appropriate measures of opiate surveillance. The criteria noted above having been met, Fentanyl patch 50mcg/hr #15 is medically necessary.

Carisoprodol 250mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

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

Decision rationale: The request for Carisoprodol 250mg #120, 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 reported her medication decreased her pain by 30% and continued to assist her activities of daily living and mobility. The physical exam (7-23-2015, 9-1-22, 2015, and 9-22-2015) revealed multiple lumbosacral surgical scars and tenderness of the bilateral hip ischial tuberosity, left sciatic notch, bilateral piriformis, left gluteus medius, left sciatic nerve, and left hamstring. The tenderness to palpation noted painful and restricted lumbar spine range of motion. The urine drug screen (dated 4-30-2015) indicated positive results for Fentanyl, Norfentanyl, Oxazepam, Temazepam, Nordiazepam, Carisoprodol, and Meprobamate. The urine drug screen (dated 5-28-2015) indicated positive results for Norfentanyl, Carisoprodol, and Meprobamate. The urine drug screen (dated 6-25-2015) indicated positive results for Fentanyl, Norfentanyl, Carisoprodol, and Meprobamate. The urine drug screen (dated 7-23-2015) indicated positive results for Fentanyl, Norfentanyl, Oxazepam, Carisoprodol, and Meprobamate. Per the treating physician (9-22-2015 report), there is a signed pain management agreement, use of a Controlled Substance Utilization Review and Evaluation System (CURES) report to screen for multiple providers, and there has been no evidence of impairment, abuse, diversion, or hoarding. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Carisoprodol 250mg #120 is not medically necessary.