

Case Number:	CM15-0035966		
Date Assigned:	03/09/2015	Date of Injury:	12/02/1994
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
 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 52 year old female who sustained an industrial injury on 12/02/1994. On provider visit dated 01/30/2015 the injured worker has reported lower back and left lower extremity pain. On examination, she was noted to have tenderness in the lumbar spine paralumbar area. And a decreased range of motion was noted. Left lower extremity was noted to have decreased strength. The diagnoses have included reflex sympathetic. Treatment to date has included medication, nerve block injections, epidural steroids, physical therapy, TENS, acupuncture, psychiatrist/psychologist. Treatment plan included refills of previous prescribed medication. On 02/12/2015 Utilization Review non-certified Soma 350 MG #90 and Roxicodone 30 MG #150. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 29,65.

Decision rationale: The patient presents with pain in the low back and lower left extremity. The current request is for Soma 350 MG #90. The treating physician states 1/30/15 (B20) "I will renew the following medication: Soma 350 mg tab pot id". MTUS guidelines define Soma (Carisoprodol) as a muscle relaxer that works by blocking pain sensations between the nerves and the brain. MTUS page 29 states for Carisoprodol (Soma), "Not recommended. This medication is not indicated for long-term use." MTUS Guidelines additionally state, "Muscle relaxants (for pain) Carisoprodol (Soma), neither of these formulations is recommended for longer than a 2 to 3 week period." The records indicate this patient has been taking this medication since at least 8/2014, which is well beyond the recommended 2-3 week period. The current request is not medically necessary and the recommendation is for denial.

Roxicodone 30 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain in the low back and lower left extremity. The current request is for Roxicodone 30 MG #150. The treating physician states 1/30/15 (B20) "I will renew the following medication: Roxicodone 30 mg tabs 1 po q 4-6 hr prn." Roxicodone is an opioid analgesic. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding analgesia, ADLs, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines. Recommendation is for denial.