MAXIMUS Federal Services

Case Number:	CM15-0041427		
Date Assigned:	03/11/2015	Date of Injury:	05/03/2010
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
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 59 year old female who sustained an industrial injury on May 3, 2010. She has reported low back pain and has been diagnosed with lumbosacral spasm/strain and lumbosacral myospasm herniated nucleus pulposus. Treatment has included medication management. Progress report dated September 30, 2014 noted tenderness to the lumbosacral paravertebrals. The treatment plan included Soma and percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; and lumbosacral myospasm and HNP. The documentation indicates Soma was prescribed as far back as December 16, 2013. It appears to be a refill and the exact start date is unclear based on the available documentation (earliest progress note December 16, 2013). There are no risk assessments in the medical record. There is no documentation evidencing objective(s) improvement. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of back pain. Additionally, the treating physician exceeded the recommended guidelines for short-term use without supporting documentation. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Soma 350 mg #90 is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; and lumbosacral myospasm and HNP. The documentation indicates Percocet was prescribed as far back as December 16, 2013. It appears to be a refill and the exact start date is unclear based on the available documentation (earliest progress note December 16, 2013). There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record (the ongoing long-term opiate use). There is no documentation evidencing objective functional improvement with objective functional improvement to gauge Percocet efficacy. Consequently, absent compelling clinical documentation to support the ongoing use of Percocet 10/325 mg and to gauge its efficacy, Percocet 10/325 mg #120 is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug test.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; and lumbosacral myospasm and HNP. There are multiple urine toxicology screens in the medical record. A urine toxicology screen dated August 5, 2014 was inconsistent. The injured worker declared Soma and Percocet for the urine drug screen. The UDS results were inconsistent. The UDS results showed Soma, Percocet and tramadol and Xanax. The tramadol and Xanax were not prescribed by the treating physician. However, there were no risk assessments in the medical record as a result of the inconsistent urine drug toxicology screen. There was no clinical indication or rationale for multiple urine drug toxicology screens based on the clinical documentation. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no clinical indication the injured worker (based on the documentation) is an intermediate or high risk for drug misuse or abuse. Consequently, absent clinical documentation indicating an intermediate or high-risk profile, urine drug testing is not medically necessary.