

Case Number:	CM15-0041937		
Date Assigned:	03/12/2015	Date of Injury:	02/12/2000
Decision Date:	04/22/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/05/2015

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 55 year old male who sustained an industrial injury on 02/12/2000. The injured worker fell to the ground while exiting from a train. Low back psyche and sexual dysfunction resulted. Diagnoses include thoracic or lumbosacral neuritis or radiculitis. Status post posterior technique of lumbar and lumbosacral fusion, and lumbar radiculopathy. Treatment to date has included diagnostics, medications, epidural steroid injections, acupuncture and a TENS Unit. A physician progress note dated 01/21/2015 documents the injured worker reveals a well-healed scar over the lumbar region. Paravertebral muscles are tender and spasm is present. Range of motion is difficult to assess due to severe pain. Currently the injured worker is to take medications as directed. However, the patient claims refill of these medications has not been authorized for several months. He is awaiting authorization approval for a spine surgeon evaluation as requested in October. Treatment requested is for Carisoprodol 350mg #60 with 2 refills, Percocet 10/325mg 1 tablet two times daily for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol(Soma) Page(s): 29.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Carisoprodol 350mg #60 with 2 refills. The treating physician states, "Request authorization for Carisoprodol 350mg SIG: Take 1 twice daily QTY: 60 REF: 2." (6C) The MTUS guidelines state, "Not recommended. This medication is not indicated for long-term use." In this case, the treating physician has been prescribing this medication to the patient since at least July 2014 and has requested a medication, which is not recommended by MTUS guidelines for long-term usage. The current request is not medically necessary and the recommendation is for denial.

Percocet 10/325mg 1 tablet two times daily for pain: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Percocet 10/325mg 1 tablet two times daily for pain. The treating physician states, "Percocet 10/325mg 1 tablet two times daily for pain." For chronic opiate use, the 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 4A's (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, the treating physician has not documented before or after pain scales, there is no mention of any functional improvement with medication usage and there is no discussion regarding side effects or aberrant behavior. In addition, the current request does not specify the quantity of the prescription and MTUS does not support unlimited amounts of opioids. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS.