MAXIMUS Federal Services

Case Number:	CM15-0042366		
Date Assigned:	03/12/2015	Date of Injury:	03/28/2008
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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, 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 42 year old female with an industrial injury dated 3/28/2008. The injured worker diagnoses include lumbosacral or thoracic; neuritis or radiculitis, unspecified, lumbar degenerative disc disease, sacroiliac ligament sprain/strain and lumbar herniated nucleus pulposus. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, aqua therapy, epidural injections, and periodic follow up visits. According to the progress note dated 2/5/2015, the injured worker currently complains of constant low back pain that radiates down the back of left leg down to the top of her foot with associated numbness in the same distribution as her pain. She also reported weakness of left leg with increased falls due to numbness over time. Objective findings revealed tenderness to palpitation of lower lumbar spine, sacrum, and sacroiliac joint. The treatment plan included prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #150 (DOS: 2/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids for chronic pain; Weaning of Medications Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has chronic low back, left buttock, and right arm pain. The current request is for Retrospective Norco 10/325mg #150 (DOS: 2/5/15). 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 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, attending physician reports show no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. The treating physician's report does provide proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is not medically necessary.

Retrospective Carisoprodol 350mg #30 (DOS: 2/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Treatment: Carisoprodol Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

Decision rationale: The patient has chronic low back, left buttock, and right arm pain. The current request is for Norco 10/325mg #150 (DOS: 2/5/15). The attending physician took over as the primary treating physician on this date. He continues with a request for Norco and Carisoprodol. MTUS page 29 states that this medication is not indicated for long term use. MTUS pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. In this case the attending physician does not indicate that this medication is intended for short term use. The provided report indicates the patient has been using this medication for over a month. MTUS guidelines page 8. requires the attending physician to monitor the patient's progress and make appropriate recommendations. The current request is not supported by the medical treatment guidelines as it exceeds the duration of use for this short-term medication. Therefore, the request is not medically necessary.