

Case Number:	CM15-0046116		
Date Assigned:	03/18/2015	Date of Injury:	02/10/2009
Decision Date:	05/11/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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 60-year-old female who reported injury on 02/10/2009. The mechanism of injury was cumulative trauma. The documentation of 12/15/2014 revealed the injured worker had issues of GERD. The injured worker had persistent pain in the groin and the lower abdomen. The injured worker had pain radiating down her right leg. The injured worker was noted to have significant anxiety related to her prolonged pain. The injured worker was requesting medication refills. The medications were noted to be helpful with no side effects. Functional gains were noted to include an ease for job duties, mobility and activities of daily living. The diagnoses included inflammatory neuropathy, lumbar postlaminectomy syndrome, and disorder of trunk. The injured worker was noted to undergo genitofemoral nerve blocks. The medications noted to be refilled included oxycodone 10/325 mg 1 tablet every 6 hours, Opana ER 1 tablet every 12 hours, alprazolam 1 mg tablets 1 by mouth to 3 times a day, alprazolam 2 mg 1 tablet daily at bedtime. The documentation indicate the injured worker had signed pain management agreement. The injured worker was noted to be undergoing routine urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to provide documentation of the duration of use. There was a lack of documentation of exceptional factors. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of carisoprodol 350 mg #120 is not medically necessary.

1 prescription of Oxycodone-Acetaminophen 10mg-325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone/acetaminophen; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of an objective decrease in pain. The documentation indicated the injured worker was able to perform work duties with the use of the medications, which would support objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of oxycodone/acetaminophen 10 mg/325 mg #240 is not medically necessary.

1 prescription of Opana ER 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured

worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of an objective decrease in pain. The documentation indicated the injured worker was able to perform work duties with the use of the medications, which would support objective functional benefit. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for 1 prescription of Opana ER 10 mg is not medically necessary.

1 prescription of Alprazolam 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of alprazolam 1 mg #90 is not medically necessary.

1 prescription of Alprazolam 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of alprazolam 2 mg #30 is not medically necessary.

1 drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction or poor pain control. As such, the urine drug screen would not be supported. Given the above, the request for urine drug screen is not medically necessary.

1 follow-up exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider as individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability and may be based on medications. The clinical documentation submitted for review failed to provide the documentation indicating the date of service being requested. The medications would support an office visit. However, as the date of exam was not provided, the request for 1 follow-up exam is not medically necessary.