

Case Number:	CM15-0048910		
Date Assigned:	03/20/2015	Date of Injury:	04/17/2009
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 33 year old male, who sustained an industrial injury on 04/17/2009. He reported an injury to his low back. The injured worker is currently diagnosed as having status post lumbar fusion x 2, lumbar disc disease, and lumbar radiculopathy. Treatment to date has included lumbar surgeries, physical therapy, and medications. In a progress note dated 01/29/2015, the injured worker presented with complaints of pain in the thoracic spine, lumbar spine, bilateral legs, and bilateral knees and his medications help with his pain. The treating physician reported the injured worker has had persistent severe low back pain and provided refills of his Percocet, Soma, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg 1 PO TID #90 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications; Opioids, specific drug list Page(s): 78-80; 124; 91, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325mg 1 PO TID #90 Refill 1 is not medically necessary per the MTUS Guidelines. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and a prior failure of non-opioid therapy. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does reveal consistent urine toxicology screen from December 2014. The documentation indicates that the patient is at high risk for abuse/addiction from his assessment profile. The documentation submitted also reveals that the patient has been on long term opioids without significant functional improvement or significant relief in pain therefore the request for continued Percocet is not medically necessary.

Soma 350mg 1 PO BID #60 Refill 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma)- Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Carisoprodol (Soma).

Decision rationale: Soma 350mg 1 PO BID #60 Refill 1 is not medically necessary per the MTUS and ODG Guidelines. Both guidelines recommend against using Soma and state that it is not for long term use. The MTUS and ODG guidelines state that abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. The documentation indicates that the patient has been on Soma long term which is against guideline recommendations. There are no extenuating circumstances that would warrant the continuation of this medication. The request for Soma is not medically necessary.

Norco 10/325mg 1 PO Q 4-6 Hours #180 Refill1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications; Opioids, specific drug list Page(s): 78-80; 124; 91, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg 1 PO Q 4-6 Hours #180 Refill1 is not medically necessary per the MTUS Guidelines. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and a prior failure of non-opioid therapy. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does reveal consistent urine toxicology screen from December 2014. The documentation indicates that the patient is at high risk for abuse/addiction from his assessment profile. The documentation submitted also reveals that the patient has been on long term opioids without significant functional improvement or significant relief in pain therefore the request for continued Norco is not medically necessary.