

Case Number:	CM15-0053507		
Date Assigned:	03/25/2015	Date of Injury:	10/07/1993
Decision Date:	05/15/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who reported an injury on 10/07/1993. The specific mechanism of injury was not listed. The current diagnoses included cervical disc degeneration, cervialgia, chronic pain syndrome, lumbar post laminectomy syndrome, shoulder pain, thoracic post laminectomy syndrome, cervical radiculopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis. On 03/04/2015 the injured worker presented for a follow-up evaluation regarding low back pain. The injured worker reported fluctuating pain and activity limitation. The pain occurred constantly causing burning, piercing, and sharp sensations. The injured worker also reported an abnormal gait, low back pain, numbness, tingling, and weakness. The injured worker reported a reduction of pain and an improvement in function with the use of the current medication regimen. In addition, the injured worker actively participated in a home exercise program. The current medication regimen includes Soma, Lunesta, Elavil, Oxycodone, Abilify, MS Contin, Cymbalta, Senna, and gabapentin. The injured worker does have an opiate agreement. Upon examination there was an unsteady gait, restricted cervical flexion to 20 degrees, extension to 10 degrees, right and left lateral bending to 15 degrees, right and left rotation to 30 degrees, normal motor strength, and intact sensation of the upper extremities. Examination of the lumbar spine revealed paravertebral muscle tenderness and spasm, lumbar facet tenderness at L4 through S1, positive facet loading maneuver, positive straight leg raise bilaterally at 45 degrees, diminished deep tendon reflexes, and tenderness at the coccyx region. Recommendation at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 with 3 refills: 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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, the injured worker has utilized the above medication since 11/2013. Guidelines would not support long-term use of this medication. Despite the ongoing use of this medication, the injured worker presented with paravertebral muscle spasm in the lumbar spine upon examination. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary at this time.

Oxycodone HCL 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-78, 92, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. While it is noted that the injured worker reported an improvement in function and a decrease in pain level with the use of the current medication regimen, there was no objective evidence of an improvement in function. The injured worker has utilized the above medication since at least 11/2013. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.

MS Contin 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine; Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. While it is noted that the injured worker reported an improvement in function and a decrease in pain level with the use of the current medication regimen, there was no objective evidence of an improvement in function. The injured worker has utilized the above medication since at least 11/2013. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.

MS Contin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine; Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. While it is noted that the injured worker reported an improvement in function and a decrease in pain level with the use of the current medication regimen, there was no objective evidence of an improvement in function. The injured worker has utilized the above medication since at least 11/2013. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.