

Case Number:	CM15-0054815		
Date Assigned:	03/30/2015	Date of Injury:	09/01/2009
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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 56 year old female, who sustained an industrial injury on 9/1/2009. She reported slip and twist of the lumbar spine, subsequently injuring the right hand due to cane use secondary to low back injury. Diagnoses include lumbar facet syndrome, lumbar radiculopathy, and low back pain. Treatments to date include medication therapy, activity modification, and status post radiofrequency ablation with documented relief of symptoms. Currently, they complained of low back pain rated 6/10 VAS with medications. On 2/4/15, the physical examination documented positive FABER test and positive facet loading test on the left side with tenderness over bilateral facet joints in lumbar spine. The plan of care included continued use of a single point cane and continuation of the medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with slip and twist of the lumbar spine, subsequently injuring the right hand due to cane use secondary to low back injury. The current request is for Soma 350mg #60. The treating physician states, in a report dated 01/07/15, "Continue Soma for muscle spasms." (62B) The MTUS guidelines state, "Not recommended. This medication is not indicated for long-term use." Soma is not recommended for longer than a 2 to 3 week period. In this case, the treating physician has documented Soma use by the patient since at least 10/15/14, well beyond the 2 to 3 week period recommended by MTUS. Therefore, the current request is not medically necessary and the recommendation is for denial.

Percocet 5/325mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with slip and twist of the lumbar spine, subsequently injuring the right hand due to cane use secondary to low back injury. The current request is for Percocet 5/325mg #90. The treating physician states, in a report dated 01/07/15, "Continue Percocet 5/325 mg for breakthrough pain. Effective for pain relief to reduce pain from 8/10 to 5/10. With the medication she is able to walk further and clean at home." (62B). The MTUS guidelines state, "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 states in a report dated 01/07/15, the "4 A's" of pain medication management were evaluated today: The patient currently has adequate and appropriate analgesia medications with functional benefit and improved quality of life. The patient has improved capability for ADL including Self Care and household tasks with the medications, which is reflected in improved capability for daily functional activities. The patient denies any new adverse effects from medications. The risks and the benefits of the medications have been discussed with the patient in detail and continued to be reiterated on every visit. The patient currently does not exhibit any adverse behavior to indicate addiction. The patient has been advised of the option for weaning medications or opiate cessation programs at any time if requested or if indicated by behavior or medications issues. A UDS report appears in the 01/07/15 report and in a report dated 03/04/15 it was further noted that "This patient has a signed opiate agreement on file which the patient understands." The treating physician has provided documentation consistent with MTUS guidelines for Opioids. The current request is medically necessary and the recommendation is for authorization.