

Case Number:	CM15-0058122		
Date Assigned:	04/02/2015	Date of Injury:	03/28/1995
Decision Date:	05/18/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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: 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 65-year-old male who reported an injury on 03/28/1995 due to an unspecified mechanism of injury. The most recent clinical note provided was dated 03/26/2015. It was noted that the injured worker presented for a follow-up evaluation regarding his low back and left leg pain. He reported back pain with radicular left leg pain. His medications included Roxicodone 15 mg 1 tablet every 8 hours, Soma 350 mg 1 tablet as needed twice a day, Benadryl capsules 25 mg 1 capsule orally twice a day, Neurontin tablets 800 mg 1 tablet 3 times a day, meloxicam 7.5 mg 1 orally once a day. He stated that his medications were adequate but it was noted that he continued to report worsening radicular pain. He noted that his medications gave him about 40% pain relief and he denied any side effects. A physical examination of the injured worker was not performed. He was diagnosed with lumbar radicular pain, chronic pain syndrome, lumbago, pain in the limb, postlaminectomy syndrome, and lumbar disc protrusion. It was recommended that he continue with his medications as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up Visits x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based upon a review of the patient's signs and symptoms, clinical stability, and physical examination findings. The documentation submitted for review does not show that the injured worker had any concerning examination findings or signs and symptoms that would support the request for 3 follow-up evaluations. While it is noted that he is taking medications that require monitoring, 3 office visits would be excessive and would not be supported without a clear rationale for this necessity. Therefore, the request is not supported. As such, the request is not medically necessary.

Roxicodone 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 78-80, 124.

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

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker is having an improvement in his function as evidenced by objective clinical findings to support the medical necessity of ongoing use of Roxicodone. Also, no official urine drug screens were provided to validate that he has been compliant with his medication regimen. Furthermore, the frequency and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Benadryl 25mg: 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 - Insomnia treatment, Weaning, Opioids.

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

Decision rationale: The request for Benadryl 25 mg is not supported. Official Disability Guidelines indicate that over the counter sedating antihistamines have been suggested for sleep aids for the treatment of insomnia. However, the clinical documentation provided for review failed to show that the injured worker has reported insomnia or that he has a diagnosis of insomnia to support this request. A clear rationale was not provided for the medical necessity of this medication and without this information, the request would not be supported. Also, the

frequency and quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Meloxicam 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67, 68, 72, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: The request for meloxicam is not supported. The California MTUS Guidelines indicate that NSAIDs are recommended for the short term treatment of osteoarthritis and tendinitis and low back pain. The documentation submitted fails to show that the injured worker was having a satisfactory response to this medication in terms of pain relief and improvement in function. Furthermore, the frequency and quantity of medication being requested was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

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

Decision rationale: The California MTUS Guidelines do not support the medication Soma for use and state that this medication is not indicated for long term use, if at all. The documentation submitted for review does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its use. Also, this medication is not supported by the cited guidelines and, therefore, its use would not be supported. Furthermore, the frequency and quantity of medication were not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Neurontin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the California MTUS Guidelines, Neurontin is recommended as a first line medication option for the treatment of neuropathic pain. The documentation provided fails to show that the injured worker was having an adequate response to this

medication with an objective improvement in his function to support the medical necessity of this request. Also, the frequency and quantity of this medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.