

Case Number:	CM15-0081735		
Date Assigned:	05/04/2015	Date of Injury:	05/10/2007
Decision Date:	06/05/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 59 year old female who sustained an industrial injury on 5/10/07. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, right lumbosacral radiculitis, and multilevel herniated lumbar disc. Treatments to date have included radiofrequency ablation, injections, oral pain medication, and home exercise program. Currently, the injured worker complains of lower back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg 1 tablet by mouth, three (3) times per day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids for extended period of time. Her total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. Regular urine drug screens are necessary given her long-term use of opiates to determine if aberrant behavior is suspected. There are UDS that show medications that the patient is not currently on which may signify aberrant behavior. Continued use of opiates has more risk than benefit and is not medically necessary.

Percocet 10/325mg 1 to 2 tablets by mouth, three (3) times per day, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 86.

Decision rationale: The request is considered not medically necessary. The patient has been on high doses of opioids for extended period of time. Her total dose exceeds the recommended 120mg oral morphine equivalents per day as recommended by the MTUS guidelines. There is no documentation of objective evidence of improved pain and increase in functional capacity. Regular urine drug screens are necessary given her long-term use of opiates to determine if aberrant behavior is suspected. There are UDS that show medications that the patient is not currently on which may signify aberrant behavior. Continued use of opiates has more risk than benefit and is not medically necessary.

Soma 350mg 1 tablet by mouth three (3) times per day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: The request for Soma is not medically necessary. This centrally-acting muscle relaxant is not indicated for long-term use and the patient has been on it for extended period of time. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on opioids as well. Therefore, it is considered medically unnecessary.