

Case Number:	CM15-0084440		
Date Assigned:	05/06/2015	Date of Injury:	09/11/2007
Decision Date:	06/10/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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, North Carolina
 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 (IW) is a 49-year-old female who sustained an industrial injury on 09/11/2007 due to a patient falling on her. Diagnoses include pain in joint-multiple sites, lumbar facet arthropathy, lumbar degenerative disc disease and reflex sympathetic dystrophy. Treatment to date has included oral and intrathecal pain medications, psychiatric care, physical therapy, home exercise program, moist heat and stretching; a spinal cord stimulator was attempted, but removed due to infection. She has had MRIs, x-rays, CTs and myelograms. According to the new patient consultation dated 3/25/15, the Injured Worker reported constant low back pain with radiation down the bilateral lower extremities rated 7/10. She stated her worse pain was 10/10. Current medications included Oxycodone, Oxycontin, Soma, Valium and Dilaudid per pump. A request was made for Soma 350mg, #120 and Oxycontin 40mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #120: 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), muscle relaxants.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that SOMA is not recommended for chronic or long-term use, particularly when the patient is taking it in conjunction with an opioid. In this case the patient is using Oxycontin, an opioid, concurrently. SOMA is a highly addictive muscle relaxant that is no longer recommended. The patient has failed any lasting benefit or functional improvement through ongoing use of SOMA as defined by MTUS parameters. The claimant has been unable to return to work. Thus, this request is not medically necessary.

Oxycontin 40 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: This claimant was initially injured in 2007 when she was working as a nurse and a 400 lb patient fell on her during a transfer assist. She has had ongoing symptoms, as documented above, since this time. The request is for Oxycontin 40 mg #60. Of note is that the patient is also taking SOMA, a highly addictive muscle relaxant, which frequently results in adverse drug reactions. The CA MTUS recommends continuing opioids chronically if the patient demonstrates improved pain relief and function. Unfortunately the chronic Oxycontin has not produced significant pain relief or improved function, as the claimant is still unable to return to work. Ongoing review of a patient on chronic opioids should also document pain relief, functional status, appropriate medication use and side effects and some of this information is lacking in the records submitted. There is also no recent UDS to ensure medication compliance. Therefore the request for Oxycontin is not medically necessary.