MAXIMUS Federal Services

Case Number:	CM13-0044633		
Date Assigned:	12/27/2013	Date of Injury:	02/16/1989
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was a 64-year-old with complaints of neck and back pain resulting from an unspecified injury on 02/16/1989. The patient had noted diagnoses of sprain/ strains of the lumbar, thoracic and cervical spine. The patient was being treated with Vicodin and Soma documented from 01/27/2010 -10/16/2013. Upon examination on 10/16/2013 the patient was noted to have pain of 3/10. It was additionally noted the patient had tenderness to his cervical paraspinals and trapezii. The patient's cervical and lower lumbar active range of motion were limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoden 7.5/300 mg, 100 count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the on-going management of opioid use be based on 4 factors. The documentation submitted for review did not address the patient's pain in relation to the patient's functionality. The patient was noted as

retired. The guidelines recommend the on-going use of opioids for patients in relation to their ability to perform ADLs (activities of daily living) and whether the patient had returned to work. The guidelines further recommend the monitoring of analgesic effect. The patient had a noted pain of 3/10. However, it was not documented whether the pain level was with or without the use of the medication and what the patient's pain level was alternatively. The guidelines recommend the continuation of opioid use if the patient has noted improved functioning and pain. The documentation did not support findings of improved function. It is additionally noted the request of 600 tablets does not allow for timely reevaluations of the patient's condition and the therapeutic efficacy of the medication prescribed. The request for Vicoden 7.5/300 mg, 100 count with five refills, is not medically necessary or appropriate.

Soma 350 mg, 90 count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend the use of Soma for chronic pain. The patient was noted as having neck and back pain as a chronic condition. The guidelines do not recommend the use of Soma for long-term use. The patient was noted as taking Soma between the dates of 01/27/2010 -10/16/2013. The patient did not have a noted acute condition submitted for review. The request for Soma 350 mg, 90 count with five refills, is not medically necessary or appropriate.