MAXIMUS Federal Services

Case Number:	CM14-0116204		
Date Assigned:	08/04/2014	Date of Injury:	09/10/2001
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 77-year-old female with a 9/10/01 date of injury. At the time (6/11/14) of request for authorization for Retro Norco 10/325mg #90, Retro Soma 350mg #90, Retro Ultram 50mg #12, and Retro Medrol dose pack, there is documentation of subjective (chronic moderate to severe low back pain radiating to the bilateral buttocks, calves, and right foot with recent aggravation of radicular symptoms) and objective (tenderness to palpation over the lumbar paraspinal muscles, positive lumbar discogenic provocative maneuvers, positive Patrick's maneuver, positive straight leg raise bilaterally, decreased strength of the extensor hallucis longus bilaterally, and decreased sensation in the L5 dermatome) findings, current diagnoses (bilateral L5 radiculopathy right lower extremity weakness, L5-S1 disc protrusion, lumbar stenosis, and lumbar sprain/strain), and treatment to date (ongoing therapy with Norco, Soma, Ultram since at least 2/13/14). 5/14/14 medical report identifies a request to start Medrol does pack to treat the patient's aggravated right lower extremity radiculopathy symptoms. In addition, medical reports identify a pain contract and that treatment with Norco, Soma, and Ultram result in decreased pain levels and increased activities of daily living. Regarding Retro Soma 350mg #90, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment. Regarding Retro Medrol dose pack, there is no documentation of a symptom free period and evidence of a discussion with the patient regarding the risk of systemic steroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral L5 radiculopathy right lower extremity weakness, L5-S1 disc protrusion, lumbar stenosis, and lumbar sprain/strain. In addition, given documentation of an opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Norco with decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Retro Norco 10/325mg #90 is medically necessary.

Retro Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available

for review, there is documentation of diagnoses of bilateral L5 radiculopathy right lower extremity weakness, L5-S1 disc protrusion, lumbar stenosis, and lumbar sprain/strain. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Soma with decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Soma. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Soma since at least 2/13/14, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Retro Soma 350mg #90 is not medically necessary.

Retro Ultram 50mg #12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Specifically regarding Ultram, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Ultram used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral L5 radiculopathy right lower extremity weakness, L5-S1 disc protrusion, lumbar stenosis, and lumbar sprain/strain. In addition, there is documentation of moderate to severe pain and Ultram used as a second-line treatment (in combination with first-line drugs). Furthermore, given documentation of an opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation of ongoing treatment with Ultram with decreased pain levels and increased activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Ultram. Therefore, based on guidelines and a review of the evidence, the request for Retro Ultram 50mg #12 is medically necessary.

Retro medrol dose pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for oral corticosteroids in the management of low back complaints. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase of an injury. In addition, ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnoses of bilateral L5 radiculopathy right lower extremity weakness, L5-S1 disc protrusion, lumbar stenosis, and lumbar sprain/strain. In addition, there is documentation of radiculopathy (with supportive subjective and objective findings). Furthermore, there is documentation of chronic low back pain with subsequent exacerbation of symptoms. However, there is no documentation of a symptom free period and evidence of a discussion with the patient regarding the risk of systemic steroids. Therefore, based on guidelines and a review of the evidence, the request for Retro Medrol Dose Pack is not medically necessary.