

Case Number:	CM14-0123171		
Date Assigned:	08/08/2014	Date of Injury:	11/19/1997
Decision Date:	10/09/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 61-year-old male who reported an injury on 11/19/1997. The mechanism of injury was not provided. The injured worker's medications included opiates and Soma as of at least 08/20/2013. The injured worker underwent urine drug screens, utilized a TENS unit and physical medicine treatments. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent a CT scan of the lumbar spine. The most recent documentation submitted for review was dated 03/12/2014. The injured worker had complaints of low back pain, midback pain, and bilateral lower extremities pain. The pain in the midback had increased in severity. The mechanism of injury was not provided. The patient comfort assessment guide revealed the injured worker's pain levels interfered with general activities of daily living including his mood, enjoyment of life, sleep, and relationships with other people at 2/10. It did not interfere with his activities of daily living, his normal work, or his ability to concentrate. The objective findings revealed paraspinal muscle tenderness to palpation, restricted painful range of motion in the lumbar spine, tenderness and spasms over the lumbar spine, decreased sensation to light touch in the bilateral lower extremities, restricted painful range of motion of the neck, tenderness and spasms over the cervical spine, decreased sensation to light touch in the bilateral upper extremities, depressed affect and mood, and left shoulder pain. The diagnoses included musculoligamentous sprain and strain of the lumbar spine, lumbar degenerative disc disease, lumbar and thoracic facet joint arthropathy, and depression and anxiety. The injured worker indicated that he had occasional pain in the shoulder and back of his arm muscles. The medications helped to a certain point and the pain level was 6/10. The injured worker was noted to be taking medications as prescribed. There were no significant changes in the injured worker's pain. The pain level was 7/10 to 8/10. The injured worker's pain was not helped a much by Kadian as MS-Contin. The treatment plan included medications and follow-up for 3

months. Additionally, the request was made for a urine drug screen. The follow-up was for once a month for 3 months. There was no request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management follow-up for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-79.

Decision rationale: The California MTUS Guidelines recommend a frequency of office visits for opioid management while in the trial phase of the first 6 months every week for 2 to 4 months, then every 2 weeks for the first 2 to 4 months. Additionally they indicate that according to the California Medical Board Guidelines for prescribing controlled substances for pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care. The clinical documentation submitted for review indicated that the injured worker was to be seen monthly. The request would be supported for 1 follow up visit. The request was submitted failed to support a documented rationale for 3 visits. Given the above, the request for 1 pain management follow-up for 3 months is not medically necessary.

1 prescription for Norco 10/325mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective improvement in function, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg of oral morphine equivalents per day. The duration of use was since at least late 2013. The clinical documentation submitted for review failed to provide documentation of an objective improvement in function, an objective decrease in pain, and whether the injured worker had side effects. There was evidence the injured worker was being monitored for aberrant drug behavior. The injured worker was utilizing MS-Contin and Norco. Additionally, the cumulative dosing of the opioids would be 360 mg of oral morphine equivalents per day which exceeds the guideline recommendations of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating necessity for 2 refills

without re-evaluation. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 prescription for Norco 10/325 mg #180 with 2 refills is not medically necessary.

1 prescription for Soma 350mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The objective functional benefit was not provided. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating necessity for 2 refills without re-evaluation. Given the above, the request for 1 prescription for Soma 350 mg #120 with 2 refills is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing.

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

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had been urine drug screened on multiple occasions. There was a lack of documentation of issues of addiction, abuse, or poor pain control. Given the above, the request for 1 urine drug screen is not medically necessary.