

Case Number:	CM14-0130040		
Date Assigned:	08/20/2014	Date of Injury:	04/08/2004
Decision Date:	09/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 32-year-old female who reported an injury on 04/08/2004 due to an injury of her back which occurred when she was helping her grandmother out of the bath tub. Past medical treatment consist of acupuncture, functional restoration program, surgery, physical therapy, injections, medication therapy. Medications include Percocet, Celexa, and Soma. An MRI was obtained and revealed fusion at L5-S1 and annular tear at L4-5. The injured worker also underwent lumbar fusion at L5-S1. On 07/15/2014 the injured worker complained of low back pain. It was documented in the submitted report that physical examination changes have not changed. There was no range of motion, muscle strength or sensory deficits documented. The treatment plan is for the injured worker to continue medications and continue with her home exercise program. The rationale and Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg # 120 (pharmacy purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 80 and 92..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use and proper documentation of side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted report did not show any of the above. There was no mention of any side effects or how long the medication worked for. The submitted report also failed to show efficacy of the use of the Percocet. The reports lacked quantified evidence that the requested medication helped with any functional deficits the injured worker may have had. The submitted report did not show that the injured worker was compliant with drug screens. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for Percocet 10/325mg # 120 (pharmacy purchase) is not medically necessary.

Percocet 10/325mg DND #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 80 and 92..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use and proper documentation of side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted report did not show any of the above. There was no mention of any side effects or how long the medication worked for. The submitted report also failed to show efficacy of the use of the Percocet. The reports lacked quantified evidence that the requested medication helped with any functional deficits the injured worker may have had. The submitted report did not show that the injured worker was compliant with drug screens. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS Guidelines. The request for Percocet 10/325mg DND #120 is not medically necessary.

Soma 350mg #60 with 5 refills: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Soma. The medication is not indicated for long term or short term use. Soma is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The submitted report did indicate that the injured worker had complaints of anxiety. However, the submitted report also indicated that the injured worker had been Soma since at least 05/20/2014. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for Soma 350mg #60 with 5 refills is not medically necessary.