MAXIMUS Federal Services

Case Number:	CM14-0148105		
Date Assigned:	09/18/2014	Date of Injury:	03/11/2002
Decision Date:	10/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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 Pain Medicine 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:

The injured worker is a 59-year-old male who reported an injury on 03/11/2002. The mechanism of injury occurred during a fall. His diagnoses included back pain and sciatica. The injured worker's past treatments included trigger point therapy, a back brace, medications, and multiple lumbar spine injections. His diagnostic exams included an X-ray and MRI of the lumbar spine. The injured worker's surgical history included a lumbar fusion of the L4-5 in 2008. On 07/29/2014, the injured worker complained of back pain with radiating numbness of the foot associated with sciatica pain. The injured worker also stated that he received good relief at the therapy sessions, which relaxed the muscles and increased his range of motion. The physical exam revealed mild to moderate back pain with radiation of pain into the bilateral legs. There was also a report numbness into the left leg with lifting. The thoracic spine was noted to have tenderness to palpation and was positive for paraspinal spasms. Trigger points were noted at the L5 iliac crest and lumbar paraspinals of the L4-5. The physical exam also revealed that the lumbar spine range of motion was decreased by 25%. The injured worker's medications included Tylenol with Codeine 300/30 mg and Soma 350 mg. The treatment plan consisted of the continuation of medications, such as Tylenol with Codeine and Soma 350 mg. A request was received for Tylenol with Codeine number three 300/30 mg #60 with 3 refills and Soma 350 mg #60 with 3 refills. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol - Codeine No.3 300/30mg #60 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Codeine .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: The request for Tylenol - Codeine No.3 300/30mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend the 4 domains for ongoing monitoring of chronic pain patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. Based on the clinical notes, the injured worker had complaints of back pain with associated numbness and sciatica symptoms. However, the clinical notes failed to identify quantitative pain scores to determine the efficacy of the pain medication during the course of treatment. Also, the clinical notes failed to identify the duration of use. The ongoing use of opioids is contingent upon documented proof of increased functionality and decreased pain. The clinical notes also failed to document the use of urine drug screens for the ongoing monitoring of chronic pain patients utilizing opioids. Therefore, due to lack of documentation indicating the duration of use, quantitative pain scores, increased functionality, and the use of urine drug screens, the request is not supported. Additionally, the request failed to identify a frequency of dose. Thus, the request for Tylenol - Codeine No.3 300/30mg #60 with 3 refills is not medically necessary.

Soma 350mg #60 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: The request for Soma 350mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In regards to Soma, the guidelines do not recommend its use for longer than a 2 to 3 week period. Based on the clinical notes, the injured worker had complaints of back pain with numbness and sciatica symptoms presents. Also, he clinical notes indicated that the injured worker has been prescribed Soma for over the recommend 2-3 week period, which would not be supported by the guidelines. The clinical notes failed to indicate that spasms were present to warrant the use of a muscle relaxer. The clinical notes also failed to identify the injured worker's pain rating using a numerical scale. Therefore, due to lack of documentation indicating pain scores, the presence of spasms, and the use of the medication past

the recommended treatment period, the request is not supported. Additionally, the request failed to specify a frequency of dose. Thus, the request for Soma 350mg #60 with 3 refills is not medically necessary.