

Case Number:	CM14-0162245		
Date Assigned:	10/07/2014	Date of Injury:	05/31/2001
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 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 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:

Medical records reflect the claimant is a 57-year-old male who sustained a work injury on 5/31/01. Office visit on 9/8/14 notes the claimant has chronic back and leg pain. The medications continue to provide significant partial relief of his pain and improve his functional ability by 50%. He has to take the full amount of his medications when the pain is severe. He has no side effects with medications. On exam, the claimant has pain of the lumbar facets with palpation from L3 to S1, antalgic gait, and pain with flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription request for Soma 350mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

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 chapter - Soma

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG do not support the long-term use of muscle relaxants. There are no extenuating circumstances to support the long-term use of this medication in this case, particularly Soma, which has great addictive properties.

There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established.

1 prescription request for Dilaudid 4mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG note that ongoing use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The claimant reports a decrease in pain with medications by 50%. The four areas of monitoring were documented by the treating doctor. There was no aberrant pain behavior documented. Therefore, the request for this medication for breakthrough pain is reasonable and medically indicated.