MAXIMUS Federal Services

Case Number:	CM14-0182287		
Date Assigned:	11/07/2014	Date of Injury:	06/25/2001
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 58 year old female with an injury date on 06/25/2001. Based on the 09/09/2014 hand written progress report provided by the medical physician the diagnoses are:1. Status post multiple lumbar fusions2. Lumbar discogenic disease3. Chronic low back pain4. Status post bilateral plantar fascial releases5. Status post bilateral tarsal tunnel releases6. Instability spondylosthesis L2-L3 grade IIAccording to this report, the patient complains of chronic "low back pain, bilateral hip pain, bilateral foot pain, status post multiple lumbar fusions, bilateral plantar fascial releases and tarsal tunnel releases." Exam of lumbar spine reveals spasm at the lumbar spine and tenderness along the plantar fascia. Positive straight leg raise on the left, Lasegue sign and Tinel sign bilaterally. Decrease sensation is noted at L5-S1 on the left. The findings in the 06/10/2014 and 07/22/2014 reports remain unchanged from this report.There were no other significant findings noted on this report. The utilization review denied the request on 10/22/2014. The requesting provider provided treatment reports from 06/10/2014 to 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (chronic), Low Back Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: According to the 09/09/2014 report by the medical physician this patient presents with low back pain, bilateral hip pain, and bilateral foot pain. The treating physician is requesting Soma 350mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However the treating physician is Soma #60 and it is unknown exactly when the patient initially started taking this medication. This medication is not recommended for long term use. The treating physician does not mention that this is for a short-term use. The request is not medically necessary.

Klonopin 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (chronic), Benzodiazepines, Clonazepam.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 09/09/2014 report by the medical physician this patient presents with low back pain, bilateral hip pain, and bilateral foot pain. The treating physician is requesting Klonopin 1mg #30. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. In this case, there is a request for Klonopin #30, but the treating physician does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The treating physician does not mention that this is for a short-term use. The request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Opioids, Specific Drug List; and Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/09/2014 report by the medical physician this patient presents with low back pain, bilateral hip pain, and bilateral foot pain. The treating physician is requesting Norco 10/325mg #180. Norco was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. There are no opiate monitoring such as urine toxicology or CURES. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.