

Case Number:	CM14-0211121		
Date Assigned:	12/23/2014	Date of Injury:	05/27/2004
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of May 27, 2004. A Utilization Review dated November 24, 2014 recommended non-certification of Soma 350mg #60 and Percocet 10-325mg #120 due no guidelines support for these medications in chronic injuries. A Progress Note dated November 6, 2014 identifies Chief Complaints of low back pain and radicular pain. Percocet reduced her pain by 50% and she is capable of performing her ADLs at the current dosing. She denied side effects with the medications. Objective Findings identify tender to palpation over the lumbar-sacral spine, tenderness at the facet joints from mid thoracic at L2-3 through L5-S1, pain with flexion at 80 degrees, pain with extension past neutral and rotation of spine, and straight leg raise positive on the left and right for bilateral L4 radiculopathy. Assessment identifies lumbago, encounter for therapeutic drug monitoring, encounter for long-term (current) use of other medications, failed back surgery/postlaminectomy syndrome lumbar, radicular syndrome (thoracic/lumbosacral), sacroilitis, insomnia, and hip bursitis. Plan identifies the patient was provided with Soma and Percocet. Aberrant and non-adherent drug-related behavior was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

Percocet 10/325mg quantity 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, Percocet is noted to increase the patient's function and decrease pain. There are no side effects and a discussion regarding aberrant use is documented. As such, the currently requested Percocet (oxycodone/acetaminophen) is medically necessary.