

Case Number:	CM15-0002291		
Date Assigned:	01/13/2015	Date of Injury:	01/07/1999
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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 & Rehabilitation

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 58-year-old male who reported an injury on 01/07/1999. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/05/2014. The documentation of 11/19/2014 revealed the injured worker's pain had increased since his last visit. The injured worker's pain was noted to be 9/10 with medications. The medications were noted to include Soma 350 mg 1 tablet 3 times a day, Lidoderm 5% patches 1 patch every 12 hours as needed, MS Contin 60 mg tablet ER one 4 times a day, oxycodone 15 mg one half tablet by mouth 3 times a day as needed, and ibuprofen 600 mg tablets. The injured worker was noted to undergo urine drug screens. Other therapies included epidural steroid injections. The physical examination revealed range of motion was restricted by pain. The injured worker had paravertebral muscle spasms with tenderness and a tight muscle band bilaterally upon palpation. The light touch sensation was noted to be decreased over the lateral foot and medial foot bilaterally. There were dysesthesias bilaterally and hyperesthesia over the lateral foot and medial foot bilaterally. The diagnoses included lumbago, lumbar radiculopathy, and spinal lumbar DDD status post SCS implantation working well for leg pain. The treatment plan included continue oxycodone one half tablet by mouth 3 times a day, continue MS Contin at the current dose, and continue other medications at the current doses. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #120 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation of an objective decrease in pain and documentation of objective improvement in function. There was, however, a lack of documentation indicating exceptional factors. The cumulative dosing would exceed the recommendation of 120 mg per day. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for MS Contin 60 mg #120 x1 refill is not medically necessary.

Oxycodone 15mg #45 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was, however, a lack of documentation indicating exceptional factors. The cumulative dosing would exceed the recommendation of 120 mg per day. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of an objective decrease in pain and documentation of objective improvement in function. Given the above, the request for oxycodone 15 mg #45 x1 refill is not medically necessary.

Ibuprofen 600mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior. There was, however, a lack of documentation indicating exceptional factors. The cumulative dosing would exceed the recommendation of 120 mg per day. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of an objective decrease in pain and documentation of objective improvement in function. Given the above, the request for oxycodone 15 mg #45 x1 refill is not medically necessary.

Soma 350mg #90 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for a refill x1 without re-evaluation. Given the above, the request for ibuprofen 600 mg #60 x1 refill is not medically necessary.