

Case Number:	CM15-0011869		
Date Assigned:	01/29/2015	Date of Injury:	12/13/2001
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/20/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 12/13/2001. He has reported low back pain and left leg pain. The diagnoses have included lumbar sprain/strain with disc herniation and radiculopathy in the left leg; and lumbar myofascial pain syndrome. Treatment to date has included medications. Medications have included Anaprox, Prilosec, Norco, Soma, and Percodan. A progress note from the treating physician, dated 12/04/2014, documented a follow-up visit with the injured worker. The injured worker reported continued low back pain with muscle spasms; left leg pain is debilitating at times; and medications help the pain and symptoms improve, and help him to function at work and with activities of daily living. Objective findings included tenderness to palpation of the lumbar paravertebral muscles, the left sciatic notch, the left sacroiliac joint, and the left lateral calf; and painful and limited range of motion. The treatment plan has included continuation and request for medications; continuation of home exercise program; and follow-up evaluation. On 12/18/2014 Utilization Review noncertified a prescription for Anaprox 550 mg #60; Prilosec 20 mg #60; Percodan #60; and Soma 350 mg #45. The CA MTUS/ACOEM and ODG were cited. On 01/14/2015, the injured worker submitted an application for IMR for review of a prescription for Anaprox 550 mg #60; Prilosec 20 mg #60; Percodan #60; and Soma 350 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Overturned

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

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and does document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type with evidence of long term effectiveness for pain. As such the medical records provided for review do support the use of anaprox for the insured with objective benefit in function.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records do not document GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for prilosec in the insured.

Percodan #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation pain, opioids

Decision rationale: The medical records report persistent pain with failure of other conservative treatment but does not report opioid mitigation program in effect. ODG supports 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. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) There is no documentation of aberrant screening or monitoring with such tools as UDS.

Soma 350mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines soma Page(s): 29.

Decision rationale: MTUS guidelines do not support long term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured.