MAXIMUS Federal Services

Case Number:	CM15-0013939		
Date Assigned:	02/02/2015	Date of Injury:	10/01/1998
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/23/2015

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, Arizona
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 55-year-old female who reported an injury on 10/01/1998. The mechanism of injury was not provided. Her diagnoses included spondylosis of unspecified site without mention of myelopathy, lumbago, limb pain, chronic pain syndrome, and cervical pain. Current medications included Ambien, Soma, Abilify, trazodone, morphine sulfate, Synthroid, and MS Contin. Surgical history included left foot surgery. Diagnostic studies were not provided. Other therapies were not provided. On 12/30/2014, the injured worker was seen for low back, leg, and neck pain. The injured worker complained of increased pain secondary to a broken rib on the right side, with increased pain when she coughed and breathed. The general examination was withinb normal limits. The cardiovascular was regular, respiratory clear bilaterally, and gastrointestinal was soft and nontender. The plan included continuing medications including Lidoderm patch for localized analgesia and the injured worker was instructed to call 911 in case of emergency and followup 4 weeks. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

Decision rationale: The request for followup visits x3 is not supported. The injured worker has a history of back and neck pain. The ODG states outpatient visits play a critical role in the proper diagnosis and return to function of injured workers and should be encouraged. There is a lack of documentation as to the medical necessity for 3 visits. As such, the request is not medically necessary.

Ativan 1mg: Upheld

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

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

Decision rationale: The request for Ativan 1 mg is not supported. The injured worker has a history of neck and lumbar pain. The Official Disability Guidelines do not recommend benzodiazepines for long term use greater than 2 weeks due to efficacy not being proven and there is a risk of dependence or frank addiction. The injured worker has been taking Ativan for more than 2 weeks. The medical necessity has not been established based on the provided documentation. There is a lack of documentation for continuation of Ativan beyond the guidelines' recommendations. There is lack of documentation of frequency within the request.As such, the request for Ativan is not medically necessary.

Soma 350mg: Upheld

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

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

Decision rationale: The request for Soma 350 mg is not supported. The injured worker has a history of neck and low back pain. The California MTUS Guidelines state Soma is a muscle relaxant and not indicated for long term use. The injured worker has been on Soma since 10/07/2014. There is a lack of documentation of frequency provided. The medical necessity has not been established based on the provided documentation. As such, the request for Soma 350 mg is not medically necessary.

Morphine sulfate 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: The request for morphine sulfate 15 mg is not supported. The injured worker has a history of back and neck pain. The California MTUS Guidelines do not recommend the combined oral morphine equivalent of all opioid medications to exceed 120 mg per day. There is a lack of documentation of the ongoing monitoring for pain relief, aberrant behavior, psychological effects, and functional improvement. There is a lack of documentation of an opioid treatment management program. There is lack of frequency provided, The medical necessity has not been established based upon the provided documentation. As such, the request for morphine sulfate is not supported.

MS Contin ER 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: The request for MS Contin ER 30 mg is not supported. The injured worker has a history of back and neck pain. The California MTUS Guidelines do not recommend the combined oral morphine equivalent of all opioid medications to exceed 120 mg per day. There is a lack of documentation of the ongoing monitoring for pain relief, aberrant behavior, psychological effects, and functional improvement. There is a lack of documentation of an opioid treatment management program. There is lack of frequency provided. The medical necessity has not been established based upon the provided documentation. As such, the request for MS Contin is not supported.

Synthroid 100mcg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for Synthroid 100 mcg is not supported. The injured worker has a history of neck and lumbar pain. The California MTUS/ACOEM and ODG do not address Synthroid. Drugs.com states that Synthroid (levothyroxine) is a replacement for a hormone normally produced by your thyroid gland to regulate the body's energy and metabolism. Levothyroxine is given when the thyroid does not produce enough of this hormone on its own.

Synthroid treats hypothyroidism (low thyroid hormone). Synthroid is also used to treat or prevent goiter (enlarged thyroid gland), which can be caused by hormone imbalances, radiation treatment, surgery, or cancer. Synthroid may also be used for purposes not listed in this medication guide. There is lack of frequency provided. There is a lack of documentation noting that the labs were normal but with low THS results. It does not appear that the medication is warranted. As such, the request is not medically necessary.