

Case Number:	CM15-0014524		
Date Assigned:	02/02/2015	Date of Injury:	03/13/2014
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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 48-year-old female who reported an injury on 03/13/2014. The mechanism of injury involved a motor vehicle accident. The current diagnoses include chronic persistent axial neck pain, rule out lumbar instability, and status post lumbar spine surgery. The latest physician progress report submitted for review is documented on 12/08/2014. The injured worker presented for a followup evaluation. The injured worker was utilizing OxyContin, Soma, tramadol, and gabapentin. Upon examination, there was tenderness to palpation at the L5-S1 region, facet joint tenderness, paraspinal muscle spasm, 60 degrees flexion, 25 degrees extension, 25 degrees right and left lateral bending, positive straight leg raise on the right, 5/5 motor strength, and intact sensation. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid therapy for Chronic Pain Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed to respond to nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbation's. Soma should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. As the California MTUS Guidelines do not recommend long term use of muscle relaxants, the ongoing use of this medication would not be supported. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.