

Case Number:	CM15-0116088		
Date Assigned:	06/24/2015	Date of Injury:	11/01/2007
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year old male who sustained an industrial injury on 11/01/2007. The injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy and lumbar post-laminectomy syndrome. The injured worker is status post anterior/posterior L4-L5 and L5-S1 fusion with instrumentation in August 2012 and a recent laminectomy and anterior interbody fusion via retroperitoneal approach of L2-3 and L3-4 with posterior fusion L2-L3, L3-L4 and L4-5 fusion revision on May 26, 2015. Treatment to date has included diagnostic testing, surgery, physical therapy, transforaminal epidural steroid injections (ESI), lumbar brace, cane and medications. According to the treating physician's progress report on June 4, 2015, the injured worker is evaluated post operatively and reports improvement in the radiating pain to his legs and ankles. The injured worker reports new pain in the right anterolateral thigh. Examination demonstrated an antalgic gait and uses a cane for ambulation. There was some soft tissue swelling at the surgical site without evidence of infection. Range of motion was decreased in the lower extremities. Sensory was intact. The injured worker completed a short course of OxyContin post- surgery, Norco is discontinued and Percocet has been increased. Current medications are listed as Percocet, Carisoprodol, Valium and Omeprazole. Treatment plan consists of urine drug screening and the current request for Percocet 10/325mg and Carisoprodol 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg quantity 150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen (Percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in November 2007 and underwent a lumbar fusion in May 2015. He was seen 10 days after surgery. There was no reported physical examination. His Percocet dose was increased. Prior to surgery, medications are referenced as decreasing pain from 7-8/10 to 3-4/10. OxyContin and Percocet were prescribed at a total MED (morphine equivalent dose) of approximately 100 mg per day. Soma was being prescribed on a long-term basis, as was Valium. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management with an increased dose 10 days after lumbar spine surgery and medications had previously provided pain control. The total MED was still less than 120 mg per day consistent with guideline recommendations. Prescribing Percocet was medically necessary.

Carisoprodol 350mg quantity 60: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in November 2007 and underwent a lumbar fusion in May 2015. He was seen 10 days after surgery. There was no reported physical examination. His Percocet dose was increased. Prior to surgery, medications are referenced as decreasing pain from 7-8/10 to 3-4/10. OxyContin and Percocet were prescribed at a total MED (morphine equivalent dose) of approximately 100 mg per day. Soma was being prescribed on a long-term basis, as was Valium. Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. Prescribing Soma was not medically necessary.

