

Case Number:	CM15-0178604		
Date Assigned:	09/18/2015	Date of Injury:	06/14/2014
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51-year-old female patient who sustained an industrial injury on 6-14-14. She sustained the injury due to a slip and fall backwards. The diagnoses include neck pain, low back pain, right shoulder pain, L4-5 Grade I spondylolisthesis, left lumbar radiculopathy, L4-5 moderate stenosis, and C6-7 left foraminal stenosis. Per the doctor's note dated 8/6/2015, she had complaints of low back pain, right shoulder pain and mid back pain. The physical examination revealed a very antalgic gait, mild tenderness in her neck, tenderness, paraspinal spasm and severely restricted range of motion of the lumbar spine with flexion and extension, and slightly diminished motor strength of the right deltoid muscle, rating 4 out of 5. The records indicate she has been approved for surgery. However, she was required to undergo psychiatric clearance prior to the procedure. A comprehensive psychological consultation was performed on 8/17/2015 and the patient was considered as a suitable candidate for surgery. The patient is taking over-the-counter medications for asthma and Norco 5-325, 4 tablets per day. The patient was prescribed Soma, Oxycontin, Colace and Percocet for postoperative use. Oxycontin and Colace were authorized for postoperative use. She has had a lumbar ESI on 3/3/15 and on 5/26/2015. She has had multiple diagnostic studies including a lumbar spine MRI dated 7/21/2014, a right shoulder MRI on 10/20/2014 and a CT lumbar and thoracic spine on 7/16/2014. She has had physical therapy visits for this injury. The utilization review (9-1-15) indicates that the request for authorization includes postoperative pharmacy purchase of Soma 350mg, #60 and Percocet 5-325, #60. The UR indicates denial of these medications because Oxycontin has been accepted as a postoperative pain medication and "no rationale is submitted for the medical necessity of muscle relaxants after spinal fusion or for Percocet 5-325mg."

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Soma 350 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Pharmacy purchase of Soma 350 mg #60. According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." The CA MTUS chronic pain guidelines recommended soma for short-term use. The records indicate patient has been approved for surgery. Soma is medically appropriate for short-term use during the postoperative period. The request of Pharmacy purchase of Soma 350 mg #60 is medically necessary and appropriate in this patient at this time during the postoperative period.

Pharmacy purchase Percocet 5/325 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Pharmacy purchase Percocet 5/325 mg #60. Percocet contains Oxycodone and Acetaminophen. Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Patient had chronic low back, mid back and right shoulder pain. The records indicate that the patient has been approved for surgery. Percocet is medically appropriate for short-term use during the post operative period. The medication has been prescribed in a small quantity without refills. Therefore, based on the clinical information obtained for this review the request for Pharmacy purchase Percocet 5/325 mg #60 is deemed medically necessary for this patient at this time for prn use.