

Case Number:	CM15-0038455		
Date Assigned:	03/09/2015	Date of Injury:	11/28/2011
Decision Date:	05/11/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 45-year-old male who reported injury on 11/28/2011. The mechanism of injury was not provided. The injured worker was noted to undergo a C4-7 anterior cervical discectomy and fusion on 02/02/2015. The documentation of 01/29/2015 revealed the injured worker's diagnoses included cervical pain, degenerative disc disease, cervical, cervical myelopathy, and attention deficit disorder. The medications included Xanax, Soma, dextromethorphan amphetamine (Adderall), Voltaren, Norco, and Prilosec. The surgical history included a shoulder surgery and carpal tunnel release. The injured worker was noted to be stable to undergo the procedure. A discharge summary dated 02/06/2015 revealed the injured worker's pain was managed with oral medications. The discharge medications included carisoprodol and omeprazole as well as oxycodone 10 mg. The documentation indicated the injured worker showed follow-up in the physician's office for 1 to 2 weeks postoperative evaluation. There was no Request for Authorization or physician rationale for the requested interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transportation for patient post-op appointments: 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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments).

Decision rationale: The Official Disability Guidelines indicate that transportation to and from medically necessary appointments in the same community are appropriate for injured workers with disabilities preventing them from self transport who need a nursing home level of care. The clinical documentation submitted for review failed to provide documentation the injured worker was at a nursing home level of care. There was a lack of documented rationale for the request. While the request was for 1 transportation, the request further was for patient post op appointments and the request as submitted failed to indicate the quantity of appointments being requested. There was a lack of documentation indicating the injured worker had other family members who could not participate in postoperative care. Given the above, the request for 1 Transportation for patient post-op appointments is not medically necessary.

90 Oxycodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The injured worker was noted to undergo surgical intervention, which would support the necessity for the requested medication. There was a lack of documentation of objective functional improvement and an objective decrease in pain. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for 90 oxycodone 10 mg is not medically necessary.

90 Carisoprodol 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal) 350, Vanadom.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for

review indicated the injured worker had utilized the medication for an extended duration of time. However, postoperative use would be appropriate for up to 3 weeks. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 90 carisoprodol 350 mg is not medically necessary.