

Case Number:	CM15-0066056		
Date Assigned:	04/13/2015	Date of Injury:	07/19/1999
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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 50 year old male, who sustained an industrial injury on 7/19/1999. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include lumbar strain/sprain, failed back surgery syndrome, status post three lumbar spine surgeries, degenerative disc disease and lumbar radiculopathy. He is status post lumbar arthrodesis 2001, status post hardware removal 2003, disc replacement 2005 and status post failed spinal cord stimulator insertion. Treatments to date include medication therapy and steroid epidural injections. Currently, he complained of lumbar back pain with radiation to bilateral feet rated 7-8/10 VAS. On 2/27/15, the physical examination documented tenderness with palpation and decreased range of motion. There was decreased left lower extremity sensation noted. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 200mg XR, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for MS Contin 200MG XR #150. Per 02/11/15 progress report, the patient is currently taking Zipsor, Soma, Trazodone, Norco and MS Contin XR. The patient has been utilizing MS Contin XR since at least 06/12/14. "Previous pain rating is 7. Current pain rating is 7. A pain management agreement is on file. Unannounced urine drug screens are performed routinely. CURES database is reviewed routinely." Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater addresses a pain agreement contract and CURES report. But the treater does not address all 4 A's as required by MTUS guidelines for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. No validated instruments are used to show functional improvement and outcome measures are not provided as required by the MTUS. The treater mentions urine drug screenings but does not provide the results of urine drug screenings either. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.

Soma 350mg tabs #160: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Soma 350mg #160. Per 02/11/15 progress report, the patient is currently taking Zipsor, Soma, Trazodone, Norco and MS Contin XR. Work status is unknown. MTUS guidelines page 29 do not recommend Soma (Carisoprodol). This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level). MTUS page 63-66 state, "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, the patient has been utilizing Soma since at least 06/12/14. The treater does provide documentation regarding this medication's efficacy. However, this medication appears to have been used for a long-term. The treater does not explain that this is to be used for short-term. Given that the MTUS guidelines only support a short-term use of this medication (2-3 weeks), the request is not medically necessary.

Norco 10/325mg tabs #330: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Norco 10/325mg #330. Per 02/11/15 progress report, the patient is currently taking Zipsor, Soma, Trazodone, Norco and MS Contin XR. The patient has been utilizing Norco since at least 06/12/14. "Previous pain rating is 7. Current pain rating is 7. A pain management agreement is on file. Unannounced urine drug screens are performed routinely. CURES database is reviewed routinely." Work status is unknown. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater addresses a pain agreement contract and CURES report. But the treater does not address all 4 A's as required by MTUS guidelines for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. No validated instruments are used to show functional improvement and outcome measures are not provided as required by the MTUS. The treater mentions urine drug screenings but does not provide the results of urine drug screenings either. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.