

Case Number:	CM15-0084962		
Date Assigned:	05/07/2015	Date of Injury:	04/26/1995
Decision Date:	10/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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:

This is a 63 year old female with a date of injury of April 26, 1995. A review of the medical records indicates that the injured worker is undergoing treatment for failed back with chronic intractable back pain. Medical records dated April 1, 2015 indicate that the injured worker complains of daily back pain ranging from 3 out of 10 to 10 out of 10, occasional numbness of the left leg without pain, poor sleep, and daily headaches. Records also indicate issues with bending and stooping. The physical exam reveals absent right ankle jerk, supple straight leg raising, and slight lumbar tenderness. No other progress notes were provided for review. Treatment per the record dated April 1, 2015 has included back surgery, epidural steroid injections, sacroiliac joint injections, biofeedback training, counseling, physical therapy, and medications (Methadone and Soma listed on April 1, 2015). The original utilization review (April 13, 2015) non-certified a request for Methadone 5mg and Soma 350mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The patient was injured on 04/26/95 and presents with back pain and leg numbness. The request is for Methadone 5 MG (quantity not indicated). The RFA is dated and the patient's current work status is not provided. There is no indication of when the patient began taking this medication, as there is only one progress report provided from 04/01/15. MTUS, Criteria Use for Opioids Section, pages 88 and 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, Criteria Use for Opioids Section, page 78 also requires documentation of the 4As (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, Criteria Use for Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 04/01/15 report states that the patient rates her pain as a 3/10. In this case, none of the 4 As are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Methadone IS NOT medically necessary.

Soma 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 04/26/95 and presents with back pain and leg numbness. The request is for Soma 350 MG (quantity not indicated). The RFA is dated and the patient's current work status is not provided. There is no indication of when the patient began taking this medication, as there is only one progress report provided from 04/01/15. MTUS Guidelines, Muscle Relaxants Section, pages 63-66 states "Carisoprodol (Soma): Neither of these formulations is recommended for longer than a 2- to 3-week period." This has been noted for sedated and relaxant effects. The patient has an absent right ankle jerk, supple straight leg raising, and slight lumbar tenderness. She is diagnosed with failed back with chronic intractable back pain. MTUS recommends the requested Soma for no more than 2 to 3 weeks. In this case, there is no indication of how many tablets the treater is requesting for, nor is it known when the patient began taking this medication. She may have already exceeded the 2-3 weeks recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.