

Case Number:	CM14-0143803		
Date Assigned:	09/12/2014	Date of Injury:	08/23/2007
Decision Date:	10/22/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 53 year old male who sustained a work injury on 8-23-07. Office visit on 6-12-14 notes the claimant has low back pain with radiating down the right lower extremity with exacerbation by activity and walking. The claimant reports reflux associated with medications. He noted gastritis with Flexeril. On exam, the claimant had tenderness to palpation at the cervical spine; range of motion was limited due to pain. Exam of the lumbar spine showed spasms, at the lumbar musculature. The claimant had normal motor and sensory exam. The claimant is continued on medications. Office visit on 7-30-14 notes the claimant has neck pain with radiating pain down the right upper extremity and low back pain with radiation down the right lower extremity. The claimant is being treating with medications. The claimant reports his pain is 4/10 with medications and 8/10 without medications. His pain is unchanged since last visit. On exam, there was tenderness to palpation, muscle spasms at the lumbar spine, and normal sensory and motor exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Soma

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines do not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case, particularly Soma, as this medication has high addictive properties. Therefore, the medical necessity of this request is not established.

Percocet 5/325mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as Official Disability Guidelines notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting monitored as required with the four domains documented: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Therefore, the medical necessity of this request is not established.