

Case Number:	CM14-0000980		
Date Assigned:	01/22/2014	Date of Injury:	11/08/2002
Decision Date:	11/02/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/02/2014

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. 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, New York

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Sports Medicine

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 55 year old female who reported an unknown injury on 01/08/2002; the mechanism of injury was not provided within the medical records. Within the clinical note dated 09/17/2013 the prescribed medication list included Klonopin, Lortab, and Soma. Within the clinical note dated 12/18/2013 the injured worker reported pain bilaterally in the lower extremities rated 5/10 with medication and 9/10 without medication. The physical exam stated the lumbar spine had limited range of motion, paravertebral tenderness, and a positive straight leg raise test on the right. The prescribed medication list included Klonopin, Lortab, and Soma. The request for authorization was dated 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The request for Klonopin 2mg #60 with 3 refills is non-certified. The CA MTUS does not recommended benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The request for 6 months exceeds the guidelines recommended duration of use. In addition, the injured worker did not report trouble sleeping, anxiety, or muscle spasms. Thus, the request is not medically necessary.

Lortab 10/500mg #180 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: The request for Lortab 10/500 mg #180 with three refills is non-certified. The CA MTUS guidelines recognize four domains that 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. There is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. In addition, within the clinical notes the injured worker has reported high pain ratings which pulls into question the efficacy of the medication. Lastly, the injured worker did not show any objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.

Soma 350mg #90 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: The request for Soma 350mg #90 with three refills is non-certified. The CA MTUS guidelines do not recommend Soma and is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. The request for 6 months exceeds the guidelines recommended duration of use. In addition, the injured worker has documented prolonged utilization of Soma and is not recommended by the guidelines. Hence, the request is not medically necessary.

Evaluation with ortho spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The request for an evaluation with an orthopedic spine surgeon is non-certified. The American College of Occupational and Environmental Medicine referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms

in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, failure of conservative treatment to resolve disabling radicular symptoms. The injured worker lacked imaging that showed lesions that would benefit from surgical repair. In addition, it is unclear that the injured worker has exhausted conservative care. Besides an acute exacerbation, there has not been a documented extreme progression of leg pain. Thus, the request is not medically necessary.