

Case Number:	CM13-0040033		
Date Assigned:	04/25/2014	Date of Injury:	07/14/1989
Decision Date:	07/08/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/08/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 patient is a 48-year-old man who sustained a work-related injury on July 14 1989. Subsequently, he developed chronic back pain. According to a progress note dated on August 28 2014, the patient was complaining of 8-9/10 back pain radiating to both legs with numbness. His physical examination showed numbness in both lower extremities. The patient was diagnosed with a spinal stenosis. The provider requested authorization to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30 MG (UNSPECIFIED QUANTITY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: The Chronic Pain Guidelines indicate that Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain. It can be used in acute postoperative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. The guidelines also indicate that the ongoing use of opioids should follow specific rules:

(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; and (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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 four (4) A's for Ongoing Monitoring are four (4) 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Oxycodone could be used in case a breakthrough of pain and for a short period of time under supervision for compliance to avoid abuse. There is no documentation of the length and the dose of Oxycodone to be used. There is no documentation that the provider will continue monitoring the patient for compliance and abuse.

KLONOPIN 1 MG (UNSPECIFIED QUANTITY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long term use for pain management, because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to four (4) weeks. The patient injury was in 1989 and there is no recent documentation of anxiety or sleep problems. Therefore, the use of Klonopin is not medically necessary.

SOMA 350 MG (UNSPECIFIED QUANTITY): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient

developed spasm and there is no justification of prolonged use of Soma. The request for Soma is not medically necessary.