

Case Number:	CM14-0109944		
Date Assigned:	08/01/2014	Date of Injury:	07/09/2009
Decision Date:	09/12/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 54 year old female injured on 07/09/09 due to an undisclosed mechanism of injury. Current diagnoses include chronic pain syndrome, cervical pain, cervical radiculopathy, shoulder pain, lumbago, lumbar radicular pain, lumbar disc disorder, and postlaminectomy syndrome of the cervical region. Clinical note dated 06/09/14 indicates the injured worker presented complaining of chronic neck, right shoulder, right arm, back and left leg pain. Documentation indicates the injured worker frequently reports inadequate support from pain medication due to increased activity with usual daily activities such as cooking, cleaning, and gardening in attempt to control her pain through increased activity. The injured worker routinely requests increase in Oxycodone and provider documents denial of request. Physical examination is significant for findings specific to musculoskeletal system. Medications include Fentanyl 12 micrograms per hour one patch every 72 hours, Oxycodone 30 milligrams one tablet every 5 hours, Soma 350 milligrams 1 tablet three times a day as needed (PRN), and Xanax 2 milligrams twice daily (BID). The initial request for Fentanyl patch 12 micrograms per hour 1 every 72 hours as needed unspecified quantity, Oxycodone 30 milligrams 1 tab every 5 hours as needed, Soma 350 milligrams one tablet as needed, and Xanax 2 milligrams twice a day was initially noncertified on 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12mg 1 every 75 hours as needed (unspecified QTY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 11,44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the documentation indicates the injured worker routinely requests an increase in pain medication which is denied. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Fentanyl Patch 12 micrograms per hour one every 72 hours as needed (unspecified quantity) cannot be established at this time.

Oxycodone 30mg 1 tab every 5 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the documentation indicates the injured worker routinely requests an increase in pain medication which is denied. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycodone 30 milligrams one tablet every five hours as needed cannot be established at this time.

Soma 350mg 1 tab as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Carisoprodol Page(s): 65.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long term use. This medication is Food and Drug Administration (FDA)

approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long term care exceeding the recommended treatment window. As such, the request for Soma 350 milligrams one tablet as needed is not medically necessary.

Xanax 2mg twice a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long term use due to lack of proven efficacy with prolonged use and the risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the four week treatment window. As such, the request for Xanax 2 milligrams twice a day is not medically necessary.