MAXIMUS Federal Services

Case Number:	CM14-0019430		
Date Assigned:	04/23/2014	Date of Injury:	05/30/2002
Decision Date:	07/09/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/15/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 51 year old male who reported an injury on 05/30/2002. The mechanism of injury was not documented in the clinical documentation. Per the clinical note dated 07/09/2013 the injured worker reported a 90% decrease in pain and cramping in the left anterior thigh after receiving an epidural steroid injection, however he reported continued pain below the left knee. The injured worker was also reported to have chronic left knee pain secondary to poorly healed hardware. Diagnoses for the injured worker included knee pain, thoracic/lumbosacral radicular syndrome, internal derangement of knee, lumbago, failed back surgery with radiculopathy and muscle spasm. Per the clinical note dated 10/17/2013 the injured worker was reported to be using the prescribed pain medications in excess of prescribed dosage. Per the clinical note dated 04/07/2014 the injured worker continued to report constant bilateral knee pain, left greater than right. The injured worker underwent 3 epidural steroid injections between October 2013 and April 2014 to bilateral L4-L5 and L5-S1 and left L3-L4. There was no documentation regarding the success of these injections; however, the need for pain medication was not decreased. The request for authorization for medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 20MG #180: 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): 78-80.

Decision rationale: Per California Medical Treatment Utilization Schedule ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. 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 drug-related behaviors. The clinical documentation provided noted the injured worker displayed aberrant drug related behavior as it was reported he was additional medication over what was prescribed without consulting the physician. A urine drug screen was not provided in the documentation. In addition, there is a lack of objective documentation regarding the pain management including least reported pain, average pain, and how long pain relief lasts, as well as functional improvement in activities of daily living. Therefore, the request for Oxycodone 20mg # 180 is not medically necessary and appropriate.

SOMA 350MG #90: 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 CA MTUS guidelines do not recommend this medication for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. There is high potential for dependence and therefore Soma is recommended for short term use only. There is a lack of documentation regarding the length of time the injured worker has been prescribed this medication and the efficacy of the medication. In addition there was documentation of aberrant behavior regarding this medication. Therefore, the request for Soma 350mg #90 is not medically necessary and appropriate.

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Non Benzodiazepine sedative- hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, Zolpidem.

Decision rationale: Per the Official Disability Guidelines Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. There is a lack of documentation regarding the length of time the injured worker has been prescribed this medication. The efficacy of the medication was unclear within the provided documentation. The requesting physician did not include adequate documentation pertaining to the injured workers sleep disturbances. Therefore, the request for Ambien 10mg #30 is not medically necessary and appropriate.

TRAMADOL ER 100MG #60: 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): 74 & 78-80.

Decision rationale: Per the CA MTUS Guidelines Tramadol is reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. Per the guidelines ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. 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 drug-related behaviors. There was a lack of clinical documentation regarding the injured worker having neuropathic pain. The clinical documentation provided noted the injured worker displayed aberrant drug related behavior as it was reported he was additional medication over what was prescribed without consulting the physician. A urine drug screen was not provided in the documentation. In addition, there is a lack of objective documentation regarding the pain management including least reported pain, average pain, and how long pain relief lasts, as well as functional improvement in activities of daily living. Therefore, the request for Tramadol ER 100mg # 60 is not medically necessary and appropriate.