

Case Number:	CM14-0117337		
Date Assigned:	08/06/2014	Date of Injury:	04/23/2004
Decision Date:	09/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational 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:

This is a 46-year-old male with a 4/23/04 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/8/14, the patient complained of low back pain. He is status post thoracic ESI T9-10 and radiofrequency rhizotomy which provided him significant pain relief, however the pain is now returning. The patient stated his thoracic pain was 4/10 and his low back pain was 7/10. He has been working full-time as a construction worker. The patient reported that the benefit of chronic pain medications, activity restriction, and rest kept his pain manageable to allow him to complete necessary activities of daily living and to continue working full-time. Objective findings: severe tenderness to palpation over paraspinal musculature from T8 through T10, painful ROM over entire interscapular area, mild tenderness to palpation over paraspinal musculature and over SI joints, normal sensory examination. Diagnostic impression: degeneration of thoracic or thoracolumbar intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis. Treatment to date: medication management, activity modification, ESI, radiofrequency rhizotomy A UR decision dated 7/15/14 denied the requests for Xartemis XR and Soma. Regarding Xartemis XR, the patient has been chronically prescribed MS Contin and Percocet, his current MED without the addition of Xartemis XR is 150, which exceeds the recommended ceiling of 120 recommended by ODG. The patient's obesity further increases the risk for morbidity and mortality from long-term use of opioids. Moreover, there is no clear objective evidence of improved functioning. Regarding Soma, the long term use of Soma is inappropriate. There is no evidence that the patient is suffering from an exacerbation at this time for which the use of Soma would be medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Xartemis XR- BID Every 12 Hours #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Xartemis XR).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the FDA, Xartemis XR is an extended-release formulation of 7.5 mg oxycodone and 325 mg acetaminophen indicated for the management of acute pain severe enough to require opioid treatment and for which alternative treatment options are inadequate. There is no documentation that the patient's current pain regimen consisting of MS Contin and Percocet is inadequate in controlling the patient's pain. The provider has stated that he is requesting a trial of Xartemis XR in order to decrease Percocet by 50%. However, there is no rationale provided as to why the patient would require an additional extended-release opioid medication in addition to his MS Contin. Furthermore, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Trial of Xartemis XR- BID Every 12 Hours #20 was not medically necessary.

Soma 350MG 1 BID- Amount Not Specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol).

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. It is documented in the reports reviewed that the patient has been taking Soma since at least 7/18/13, if not earlier. Guidelines do not support the long-term use of Soma. In addition, the patient is on multiple opioid medications. The combination of Soma and opioids can increase the risk of adverse effects, such as sedation. The quantity of medication requested

was not noted. Therefore, the request for Soma 350MG 1 BID- Amount Not Specified was not medically necessary.