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| Case Number: | CM14-0137836 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 04/24/2000 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47-year-old woman who sustained a work-related injury on April 24, 2000. Subsequently, she developed chronic low back, left knee, bilateral hip, and bilateral shoulder pain. The patient underwent left shoulder arthroscopic decompression in 2004, left shoulder rotator cuff repair in 2009, left shoulder arthroscopy in 2011 and 2012, L5-S1 anterior and posterior interbody fusion, and right shoulder procedure in 2013. According to a progress report dated July 23, 2014, the patient notes 7/10 left low back, left knee, and bilateral hip pain. The patient underwent bilateral subacromial and bilateral subdeltoid bursa on June 19, 2014 and reported 85-90% relief of the prior bilateral shoulder pain associated with decrease in range of motion. The patient noted diffuse increase in neck, bilateral shoulder, low back, and right leg radiating pain. Physical examination showed marked right iliolumbar and right sacroiliac ligament tenderness, healed left shoulder incisions and unchanged right trochanteric bursa and right subacromial bursa tenderness with decrease in right shoulder range of motion. Bilateral march testing showed right sacroiliac joint hypomobility. The patient was previously treated with oxycodone, OxyContin, ibuprofen, Soma and Xanax. The patient was diagnosed with left shoulder rotator cuff tear status post repair, bilateral occipital daily tension headache, migraine headache with aura, myofascial pain syndrome left neck and shoulder, low back pain, right ilium posterior rotation with hypomobility of the right sacroiliac joint, bilateral sacroiliac enthesopathy, bilateral trochanteric bursitis, right piriformis syndrome with right sciatic neuritis, right leg radiating pain, depression and sleep disturbance due to chronic pain and disability, and bilateral subacromial and bilateral subdeltoid bursitis. The provider requested authorization for Oxycodone and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for Chronic pain in general.

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

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, 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.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 (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. In this case, the patient was directed to increase oxycodone 10 mg to two (20 mg) without adequate control of the increased pain despite continued use of oxyContin 40 mg q 8. Oxycodone was changed to 15 mg with mild decrease in the episodic increased pain. There is no documentation of significant pain improvement with previous use of Oxycodone. There is no recent documentation of adequate monitoring for compliance/side effects with previous use of Narcotics. Therefore, the prescription of Oxycodone 15 mg # 180 is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) - Treatment of Workers Compensation (TWC), Pain procedures summary last updated 06/10/2014, non-sedating muscle relaxants.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are 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. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle

relaxant. There is no justification for prolonged use of Soma. The request for SOMA is not medically necessary.