

Case Number:	CM14-0157087		
Date Assigned:	09/30/2014	Date of Injury:	07/02/2003
Decision Date:	10/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation, 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 male with a date of injury of 7/2/2003. The patient's industrially related diagnoses include failed back surgery syndrome, lumbar spine pain with radiculopathy and degenerative disc disease, myofascial pain syndrome and cervical spine pain with radiculopathy and degenerative disc disease, and depression due to chronic pain. The disputed issues are MS Contin 30mg #60 with 2 refills, Percocet 10/325mg #120 with 2 refills and Soma 350mg #60 with 2 refills. A utilization review determination on 9/15/2014 had modified these requests to recommend one prescription for MS Contin and one prescription for Percocet with no refills. The Soma was denied. The stated rationale for the modification of MS Contin was "the continued use of MS Contin is reasonable and congruent with current guideline recommendations. However, any refills should be based upon periodic examinations to determine if the patient is still achieving benefit from the opioid medications." The stated rationale for the modification of the request for Percocet was the same as MS Contin. The stated rationale for the denial of Soma was "the current treatment guidelines do not recommend this medication and state that it is not indicated for long-term use." However, the request was modified for one prescription of Soma without refills to allow for weaning purposes only.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg, #60 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 44, 47, 75-79, 120.

Decision rationale: MS Contin is an opioid that is recommended for moderate to severe pain. With regard to the use of MS Contin, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". In the progress report dated 8/28/2014, the treating physician documented that the pain medication helped by approximately 50%. No adverse effects were documented besides constipation secondary to pain medication, which improved. Regarding the evaluation for aberrant drug-taking behavior, a urine drug screen (UDS) was done on 6/12/2014. However, there was no documented objective functional improvement with the use of MS Contin. The treating physician stated that despite everything that was tried, the injured worker was unable to get pain relief and decrease his medication. According to the guidelines, opioids should be discontinued if there is no functional improvement. Therefore, MS Contin 30mg #60 with 2 refills is not medically necessary at this time.

Percocet 10/325mg, #120 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 44, 47, 75-79, 120.

Decision rationale: Percocet is an opioid that is recommended for moderate to severe pain. With regard to the use of Percocet, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 nonadherent) 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 for documentation of the clinical use of these controlled drugs". In the progress report dated 8/28/2014, the treating physician documented that the pain medication helped by approximately 50%. No adverse effects were documented besides constipation secondary to pain medication, which improved. Regarding the evaluation for aberrant drug-taking behavior, a urine drug screen (UDS) was done on 6/12/2014. However, there was no documentation regarding objective functional improvement with the use of Percocet. The treating physician stated that despite everything that was tried, the injured worker was unable to get pain relief and decrease

medication. According to the guidelines, it is appropriate to discontinue opioids if there is no functional improvement. Therefore, Percocet 10/325mg #120 with 2 refills is not medically necessary at this time.

Soma 350mg, #60 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Soma, the guidelines state: "it is suggested that its main effect is due to generalized sedation as well as treatment of anxiety." Soma is metabolized into meprobamate, which is an anxiolytic. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the submitted documentation, the injured worker has been taking Soma 350 mg since at least 6/10/2014 as it was listed on the urine drug screen and meprobamate was positive. However, the guidelines do not recommend the use of Soma for longer than a 2-3 week period. Efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependency. The listed possible side effects of Soma include physical dependence and withdrawal with acute discontinuation. Based on the guidelines, continuation of Soma is not recommended and medical necessity cannot be established. Therefore is not medically necessary.