

Case Number:	CM14-0166240		
Date Assigned:	10/13/2014	Date of Injury:	02/24/1991
Decision Date:	12/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 48-year-old woman who sustained a work-related injury on February 24, 1991. Subsequently, she developed a chronic low back pain. According to the progress report dated July 29, 2014 the patient reported worsening low back pain radiating across and to the buttocks/hips and right leg. Most of her pain was in the low back. The pain was a constant sensation, which she described as aching. She rated her pain as a 8/10. On examination, palpation of the thoracic and lumbar facets and lumbar intervertebral spaces revealed midline and paraspinal tenderness and spasms over the facets in the lumbar region. Palpation of the bilateral sacroiliac joints revealed no pain. Range of motion of the lumbar spine was 70 degrees in anterior flexion with pain, 5 degrees in extension with pain, 5 degrees of left lateral rotation with pain, 5 degrees of right lateral rotation with pain. The lumbar spine was stable and there was no pelvic pain. There were palpable trigger points in the muscles of the low back. Strength was normal. Tone was normal. The patient was diagnosed with lumbosacral spondylosis without myelopathy. The provider request authorization for Soma, Oxycodone Hydrochloride, and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol) 350mg #90: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is 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.

Oxycodone Hydrochloride 30mg #180: 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): 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. 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 (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. Based on the patient chart, there is no clear rationale behind the continuous use of opioids. There is no clear documentation of pain and functional improvement with Oxycontin. There is no documentation of compliance of the patient with pain medications. There is no documentation of breakthrough pain. There is no documentation of the use of other pain control modalities such as behavioral therapies. Therefore, the prescription of Oxycodone Hydrochloride 30mg #180 is not medically necessary at this time.

Oxycontin 60mg #90: 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): 75-81.

Decision rationale: 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. 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 (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. Based on the medical records, there is no clear documentation of significant pain and functional improvement with the previous use of opioids. There is no documentation breakthrough pain. Based on these findings, the prescription of Retrospective request for Oxycontin 60mg #90 is not medically necessary.