

Case Number:	CM14-0186073		
Date Assigned:	11/14/2014	Date of Injury:	08/27/2010
Decision Date:	12/23/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with date of injury of 08/27/2010. According to progress report 09/10/2014, this patient presents with continued low back with muscle spasms and constant left leg pain. The patient states the back pain is constant except when she is on medications. The patient's medication regimen includes MS Contin, Roxicodone, Soma, and lorazepam. Examination of the lumbar spine revealed decreased range of motion and TTP right greater than left in the gluteal muscles. Lower extremity motor is 5-/5. Straight leg raise is positive on the right. Patrick's test showed significantly tight hips. The listed diagnoses are:1. Chronic pain syndrome.2. Long-term use of other medications.3. Postlaminectomy syndrome.4. Opioid dependence.5. Displacement of lumbar intervertebral disk without myelopathy.6. Hip pain.7. Depressive disorder.8. Anxiety disorder.9. Insomnia.10. Muscle spasm.Treating physician requests a refill of medications. Work status is not defined. Utilization review denied the request on 10/15/2014. Treatment reports from 04/02/2014 through 09/10/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 per 10/08/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: This patient presents with chronic low back pain. The current request is for Soma 350mg #90. The treating physician states that the patient continues to have muscle spasm in the low back, which is better controlled with the use of Soma. The MTUS Guidelines page 64 has the following regarding muscle relaxants, "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation of patients with chronic LBP." In this case, the patient has been prescribed this medication since at least 04/02/2014 and MTUS does not support long-term use of muscle relaxants. The request is not medically necessary.

Oxycodone 30mg #180 per 10/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 88-89,78..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 88-89,78.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting Oxycodone 30 mg #180. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing oxycodone for pain since at least 04/02/2014. Progress report 04/02/2014 states that patient's pain fluctuates and she has "bad and good days." It was noted the patient's pain is "not controlled by her medications, even though she has been using them, her pain control is not optimized; requiring early finish of medications previously due to inadequate control." Report on 05/07/2014 states that MS Contin and oxycodone were increased to help better control patient's pain. The patient reports back pain is constant except when she is on medications. Progress report 07/07/2014, 08/07/2014, and 09/10/2014 continually note that "back pain is constant except when she is on medications." A urine drug screen was collected on 07/26/2014 which showed positive for medications prescribed except lorazepam, which the patient is using on as needed basis. The result also showed positive for marijuana. In this case, recommendation for further use of oxycodone 30 mg cannot be recommended as the treating physician does not provide before and after pain scale to show analgesia and specific ADLs are not discussed. No change in work status or return to work to show significant functional improvement is noted. Side effects are not discussed other than urine toxicology. Although a CURES report and urine toxicology screens are on file, the treating physician does not address prior inconsistent UDS either, which showed negative for marijuana. In this case the treating physician has failed to document the minimum requirements of

documentation that are outlined in the MTUS for continued opioid usage. The request is not medically necessary.

MS Contin 15mg #90 per 10/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89,78..

Decision rationale: This patient presents with chronic low back pain. The current request is for MS Contin 15 mg #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing MS Contin since at least 04/02/2014. Progress report 04/02/2014 states that patient's pain fluctuates and she has "bad and good days." It was noted the patient's pain is "not controlled by her medications, even though she has been using them, her pain control is not optimized; requiring early finish of medications previously due to inadequate control." Report on 05/07/2014 states that MS Contin and Oxycodone were increased to help better control patient's pain. The patient reports back pain is constant except when she is on medications. Progress report 07/07/2014, 08/07/2014, and 09/10/2014 continually note that "back pain is constant except when she is on medications." A urine drug screen was collected on 07/26/2014 which showed positive for medications prescribed except lorazepam, which the patient is using on as needed basis. The result also showed positive for marijuana. In this case, recommendation for further use of MS Contin cannot be recommended as the treating physician does not provide before and after pain scale to show analgesia and specific ADLs are not discussed. No change in work status or return to work to show significant functional improvement is noted. Side effects are not discussed other than urine toxicology. Although a CURES report and urine toxicology screens are on file, the treating physician does not address prior inconsistent UDS either, which showed negative for marijuana. In this case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. The request is not medically necessary.

Zolpidem 10mg #30 per 10/8/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63-64.

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

Decision rationale: This patient presents with chronic low back pain. The patient also has a diagnosis of insomnia and the treating physician is requesting a refill of zolpidem 10 mg #30. Review of the medical file indicates the patient has been prescribed zolpidem since at least 04/02/2014. The MTUS and ACOEM Guidelines do not address zolpidem. The ODG Guidelines under its pain chapter states that "zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days." In this case, ODG Guidelines do not recommend long-term use of zolpidem. The request is not medically necessary.

Lorazepam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: This patient presents with chronic low back pain. The current request is for lorazepam 0.5 mg #60. MTUS Guidelines page 24 states "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Review of the medical file indicates the patient has been prescribed lorazepam since 04/02/2014. The request is not medically necessary.

Oxycodone 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89,78.

Decision rationale: This patient presents with chronic low back pain. The current request is for oxycodone 30 mg #90. This patient presents with chronic low back pain. The treating physician is requesting Oxycodone 30 mg #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Oxycodone for pain since at least 04/02/2014. Progress report 04/02/2014 states that patient's pain fluctuates and she has "bad and good days." It was noted the patient's pain is "not controlled by her medications, even though she has been using them, her pain control is not optimized; requiring early finish of medications previously due to inadequate control." Report on 05/07/2014 states that MS Contin and Oxycodone were increased to help better control patient's pain. The patient reports back pain is constant except when she is on medications. Progress report 07/07/2014, 08/07/2014, and 09/10/2014 continually note that "back pain is constant except when she is on medications." A urine drug

screen was collected on 07/26/2014 which showed positive for medications prescribed except lorazepam, which the patient is using on as needed basis. The result also showed positive for marijuana. In this case, recommendation for further use of Oxycodone 30 mg cannot be recommended as the treating physician does not provide before and after pain scale to show analgesia and specific ADLs are not discussed. No change in work status or return to work to show significant functional improvement is noted. Side effects are not discussed other than urine toxicology. Although a CURES report and urine toxicology screens are on file, the treating physician does not address prior inconsistent UDS either, which showed negative for marijuana. In this case the treating physician has failed to document the minimum requirements of documentation that are outlined in the MTUS for continued opioid usage. The request is not medically necessary.