

Case Number:	CM14-0070197		
Date Assigned:	09/18/2014	Date of Injury:	09/19/2008
Decision Date:	10/16/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehabilitation 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 60-year-old male with a 9/19/08 date of injury; the mechanism of the injury was not described. The patient underwent right shoulder surgery on 2/14/14. The patient was seen on 8/11/14 with complaints of felling little sore t because of recent physical therapy treatment. The patient was still not able to raise his arm above 40 degrees. The patient reported that his pain was on average 8/10, at best 6/10 and at worse 10/10. The pain was located in the low back and shoulder and was described as aching, constant, intense, radiating and tight. The note stated that the patient needed more Oxycodone for the PT pain and that weaning off of his medications will be discussed after he would recover from the shoulder surgery. Exam findings of the lumbar spine revealed pain to palpation of the lumbar facets and lumbar intervertebral muscles with palpable trigger points in the lumbar paraspinous muscles. The patient's gait was antalgic and the lumbar range of motion was restricted due to pain .The diagnosis is failed back syndrome, rotator cuff tear right shoulder/arthritis of the right shoulder, radiculopathy.Treatment to date: physical therapy, work restrictions, medications.An adverse determination was received on 3/31/14. The request for Soma 350mg #120 with 5 refills was denied given that there was no clear evidence of efficacy such as decrease in pain scores and increase in functional ability. In addition, on 4/14/13 the patient was partially certified for generic of Soma for 3 months supply for downward titration to complete the discontinuation of the medication. There was no documentation that the patient required additional supply of Soma to be completely weaned off from medication. The request for MS Contin 30mg #90 with 5 refills and Oxycodone 15mg #120 with 5 refills was denied given that the submitted report did not include an evidence of efficacy of the opioid drugs such as a measurable decrease in the patient's pain or increase in the patient's function and the documentation with recent urine drug screen test was recommended. The request for Restoril 30mg #30 with 5 refills was denied given that there was no clear

evidence of efficacy from the previous treatment with this medication and there was no documentation indicating why the patient required 2 separate benzodiazepines. In addition, there was no clear rationale for prescribing benzodiazepine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29,65. Decision based on Non-MTUS Citation FDA, Carisoprodol (Soma®)

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. The progress notes indicated that the patient was taking Soma at least from 1/16/14. However, there is a lack of documentation indicating any subjective or objective gains from the treatment. The weaning off of Soma was previously recommended. In addition, the patient also takes opiates and benzodiazepines and it is known that Soma can augment or alter the effects of this medication. Therefore, the request for Soma 350mg #120 with 5 refills was not medically necessary.

MS Contin 30mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

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. The progress notes indicated that the patient was taking MS Contin at least from 1/16/14. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit and the submitted urine drug test date was illegible. In addition, the patient was taking different opioid and muscle

relaxant and there is no clear rationale with regards to the necessity for long-term opioid use. Therefore, the request for MS Contin 30mg #90 with 5 refills was not medically necessary.

Oxycodone 15mg #120 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

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. The progress notes indicated that the patient was taking Oxycodone at least from 1/16/14. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit and the submitted urine drug test date was illegible. In addition, the patient was taking different opioid and muscle relaxant and there is no clear rationale with regards to the necessity for long-term opioid use. Therefore, the request for Oxycodone 15mg #120 with 5 refills was not medically necessary.

Restoril 30mg #30 with 5 refills: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The progress reports indicated that the patient was taking Restoril at least from 1/16/14 and he was also using Xanax at the time. There is a lack of documentation indicating subjective and objective functional gains from the treatment. In addition, there is no rationale with regards to the necessity for an extended treatment with benzodiazepine. Therefore, the request for Restoril 30mg #30 with 5 refills was not medically necessary.