

Case Number:	CM14-0084135		
Date Assigned:	07/21/2014	Date of Injury:	05/12/2008
Decision Date:	10/01/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 48-year-old female who sustained an injury on 05/12/08. She complains of neck pain, right elbow pain, bilateral hand/wrist pain, and low back pain. She describes pain as constant and feels pain with any movement. She is not able to perform any ROM. She rates her pain at 7-9/10. On exam, the cervical spine reveals palpation to tenderness; elbow reveals tenderness over the ulnar nerve; right wrist reveals tenderness to palpation with positive Phalen's and Tinel's signs; lumbar spine reveals tenderness over the bilateral L5-S1 with decreased sensation over the left S1. She received Demerol, Phenergan, and Toradol intramuscular injections with 60% relief. She is currently on OxyContin, Oxycodone, and Ketorolac. She is allergic to Neosporin, Sulfa, Bactrim and K-Flex. Diagnosis: Status post cervical spine anterior interbody fusion at C5, C6 and C7; right elbow ulnar neuropathy; right wrist median neuropathy; lumbar spine sprain/strain; lumbar spine mild lateral recess stenosis at L4-5 bilaterally and at L3-4 on the left with mild left neural foraminal stenosis of L4-5; mild degenerative disc disease at the inferior lumbar levels meeting L3-4 and L4-5; 2-3 mm disc bulge at L3-4 and a 2 mm disc bulge at L4-5, annular fissure at L4-5; mild facet arthropathy bilaterally at L4-5 and L5-S1; and mild to moderate levoscoliosis, per MRI of 02/25/13. On 5/8/14, 30 units of the following medications were approved - Oxycontin 20mg, Percocet 10/325mg, Soma 350mg, and Robaxin 750mg. The request for OxyContin 20 mg #90, Percocet 10/325 mg #150, Soma 350 mg #90, and Robaxin 750 mg #30, were denied, weaning is recommended; and Toradol 10 mg #14 was denied on 05/08/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Oxycodone Page(s): 92.

Decision rationale: OxyContin tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. OxyContin tablets are not intended for use as a p.r.n. analgesic. Guidelines indicate "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)." In this case, there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management and thus the request for Oxycontin is not medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Percocet
Page(s): 75, 92, 97.

Decision rationale: According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines indicate "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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use of this medication to demonstrate its efficacy. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not

support continuation of opioid pain management and thus the request for Percocet is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per CA MTUS guidelines, Soma (Carisoprodol) is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary.

Robaxin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Robaxin, Page(s): 65.

Decision rationale: According to the CA MTUS guidelines, Methocarbamol Robaxin is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, there is no documentation of substantial spasm unresponsive to first line therapy. Furthermore, there is no evidence of any significant functional improvement with prior use. Therefore, the request is not medically necessary.

Toradol 10mg #14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Toradol, Page(s): 111, 72.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level or function with continuous use. There is no mention of any specific reason for the request. Therefore, the request is not medically necessary the medical necessity for Toradol has not been established.