

<b>Case Number:</b>	CM14-0097204		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family Medicine and is licensed to practice in Florida. 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 61-year-old female with a date of injury listed from Jan 1st 2000 through November 6th 2006. She complains of chronic pain in her low back, left shoulder, neck, legs, feet, knees, and "everything" -per a 5/2014 notation, implying that she feels she has pain every where. Some of her listed diagnoses include: status post lumbar fusion in 2010, status post hardware removal and revision of fusion in July 2013, chronic pain, anxiety and depression. The patient is currently unemployed. It is stated on a May 6th 2014 note that the last day she worked for her employer was November 6th 2006. She did have a lumbar spine MRI performed in 2012. Before this MRI she was noted to have has a lubar fusion in 2010, and then in 2013 she had a hardware removal and revision of her fusion surgery. She has previously been treated with physical therapy, and medications (including very high doses of narcotics and muscle relaxants.) She does follow with a pain management specialist. Urine drug screen results are provided in the provided documentation. Most of the drug screens appear appropriate, however a 12/24/2013 urine drug screen did show positive for hydrocodone and yet this medication was not listed as being perscribed by the perscribing physician at the time this patient took the drug screen (suspicious for her taking an additional narcoite that might be being perscribed by another provider or which she may have procured through other means.) No mention of this however was seen in the following documentation. She has also been seen and treated by a psychologist for problems with sleep, anxiety, and depression. A utilization review physician did not certify medication requests for Oxycodone, Oxycontin, Soma, Xanax, or Glucosmaine chondroitin. Likewise, an independent medical review was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 30 mg #180: 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): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Most of the drug screens appear appropriate, however a 12/24/2013 urine drug screen did show positive for hydrocodone and yet this medication was not listed as being prescribed by the prescribing physician at the time this patient took the drug screen (suspicious for her taking an additional narcotic that might be being prescribed by another provider or which she may have procured through other means.) No mention of this however was seen in the following documentation. Also, MTUS guidelines recommend, "dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." This patient has not returned to work. She does state that her medications have decreased her pain. There are no objective statements regarding whether or not her pain medications have improved her function. She does have a pain management contract and has been submitting to urine drug screens without any adverse results being noted. This patient is taking 20 mg of Oxycodone every 4-6 hrs and Oxycontin 30 mg every 4-6 hrs. This is a very high dose of narcotics and does exceed 120 mg oral morphine equivalents per day. Likewise, this request for Oxycontin is not medically necessary.

**Oxycodone 20 mg #120: 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): 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Most of the drug screens appear appropriate, however a 12/24/2013 urine drug screen did show positive for hydrocodone and yet this medication was not listed as being prescribed by the prescribing physician at the time this patient took the drug screen (suspicious for her taking an additional narcotic that might be being

perscribed by another provider or which she may have procured through other means.) No mention of this however was seen in the following documentation. Also, MTUS guidelines recommend, "dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." This patient has not returned to work. She does state that her medications have decreased her pain. There are no objective statements regarding whether or not her pain medications have improved her function. She does have a pain management contract and has been submitting to urine drug screens without any adverse results being noted. This patient is taking 20 mg of Oxycodone every 4-6 hrs and Oxycontin 30 mg every 4-6 hrs. This is a very high dose of narcotics and does exceed 120 mg oral morphine equivalents per day. Likewise, this request for Oxycodone is not medically necessary.

**Soma 350 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Soma is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Soma is not medically necessary.

**Xanax 2 mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 58, 100.

**Decision rationale:** In accordance with the California MTUS guidelines, Soma is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Soma is not medically necessary.

**Glucosamine/Chondroitin 500 mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** In accordance with California MTUS Guidelines, Glucosamine Chondroitin is "recommended as an option given its low risk, in patients with moderate arthritis pain." The utilization reviewer considered this request not medically necessary stating that the patient does not carry an osteoarthritis diagnosis. This is not true. One of the patient's listed diagnoses is "mild disc bulge at L3-L4 with spondylosis." Spondylosis is synonymous with osteoarthritis/degenerative changes of the spine. An April 23rd 2014, Neurosurgical re-examination note mentions this diagnosis. Also, a Pain management note from 4/29/2014 states that the patient has "facet arthropathy at L5-S1, as well as neural foraminal stenosis related to posterolateral osteophytes." All of these aforementioned findings are consistent with spinal osteoarthritis. The Glucosamine/Chondroitin medication is being appropriately prescribed and is medically necessary.