

Case Number:	CM14-0100643		
Date Assigned:	07/30/2014	Date of Injury:	01/30/2007
Decision Date:	01/02/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 43 year old male who sustained an injury on 1/30/2007. On 1/30/07 radiograph of left hand revealed no evidence of bony injury. On 2/6/07 the injured worker underwent repair of Extensor Digitorum Communis (EDC) Tendon, left long finger and left index finger, Extensor Pollicis Longus (EIP) Tendon, left index finger. On 12/2/13 the injured worker was seen in follow up and complained of left hand pain. His diagnoses include diabetes and anxiety. He is on narcotic pain medications, a sleep aid, neurontin and insulin. He is unable to sleep since Soma was decreased. He rates his pain 6 on a scale of 1 to 10. The work status is permanent and stationary. The work restrictions include no lifting greater than 20 pounds, restricted completely from climbing stairs, restricted completely from repetitive pinching and grasping, limited to repetitive hand motions and advised to frequently change positions. The injured worker is not currently working and has not worked since 2/12. On 5/2/14 the physical exam revealed right elbow joint swelling with tenderness on palpation over the lateral epicondyle both right and left. There is dysesthesias present over thumb, index finger, middle finger, ring finger, little finger, medial hand, lateral hand, lateral hand medial forearm, lateral forearm on the left side. Temperature sensation is decreased on both sides of the forearm. The injured worker reports 50% pain relief with current medications. On 5/5/14 a request was submitted for Opana ER, Soma, Roxicodone and Norco which were denied. On 5/19/14 information was documented by the provider to support continuing the mentioned narcotics. On 6/12/14 Utilization Review non-certified Soma 350 mg # 90, Roxicodone 15 mg # 90 and Opana ER 5 mg # 60 based on lack of documentation of efficacy and documentation of weaning. The injured worker should be already weaned from Opana. In addition there is no documentation as to why 2 short-acting opioids are required. Opana is an "N" drug and there needs to be documentation of failed "Y" drugs before

this could be considered for certification. In addition Soma is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, count 90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Roxicodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, the patient has used high dose opioid analgesics for long time without documentation of pain and functional improvement. There is no documentation of compliance or the patient with his medications. There is no justification for the use of 2 opioids. Based on these findings, the prescription of Roxycodone is not medically necessary.

Opana ER 5 mg, count 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Opana is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. 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. There is no clear evidence of objective and recent functional and pain improvement with previous use of high Opioid that justify continuing Opana. There is no clear documentation of the efficacy/safety of previous use of Opioid. There is no clear justification for the need to continue the use of Opana. Therefore, the prescription of Opana is not medically necessary.