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| Case Number: | CM14-0011701 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 07/08/2009 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/29/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 7/8/3009 after jumping on a dock, falling backwards and hitting his back. He was diagnosed with a compression fracture of T5. He has reported chronic backache and pain in the left shoulder. The diagnoses have included chronic backache, thoracic disc disease, cervicalgia, pain in shoulder joint, thoracic spondylosis without myopathy and spasm of muscle. Treatment to date has included medications, diagnostics, chiropractic, physical therapy 32 sessions, Transcutaneous Electrical Nerve Stimulation (TENS), Home Exercise Program (HEP), epidural injections, foam roller, and heat and ice. Currently, per physician's progress note dated 1/2/14, the IW complains of recurrent right shoulder pain around anterior joint. He has non- radiating thoracic pain rated 8/10. He uses a foam roller which helps decrease pain. He states that the medications decrease the pain to rate of 4-5/10. The physical exam revealed painful neck movement, paravertebral muscle spasms with tenderness and trigger pint noted right side. The shoulder revealed tenderness over the glenhumeral joint and subdeltoid bursa. Exam of right shoulder showed pain with flexion beyond 170n degrees and abduction beyond 165 degrees. He states that pain is constant and some days are worse than others. Lifting heavy items at work flares up his back and shoulder pain. He states that prior injections have improved the pain and the medications allow him to function at work. Plan was for oxycontin and oxycodone for breakthrough pain. On 1/2/14 Utilization Review modified the request for OXYCONTIN CR 20MG TWICE A DAY AUTHORIZATION OF THE PRESENTING PRESCRIPTION, WITH ONE REFILL ONLY OF OXYCONTIN CR 20 MG TWICE A DAY and OXYCODONE IR 5MG THREE TIMES

PER DAY (TID) modified to authorization of the presenting prescription and one future refill only for each of the medications noting that the 4 A domains has not been addressed by the provider in the notes and without this documentation weaning is recommended. Utilization Review modified the request for SOMA 350 MG ONE TAB BY MOUTH THREE TIMES A DAY #90 to SOMA 350MG ONE TAB BY MOUTH THREE TIMES A DAY #40, ONLY AND NO FUTURE REFILL noting there has been no mention of the duration of use in the medical records and there is no defined functional gain attributed to the medication. The injured worker has been on the medication a period of time and there remains spasms and trigger points. The use of soma is not recommended for long term use. The MTUS Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG ONE TAB BY MOUTH THREE TIMES A DAY #90, AND SOMA 350MG ONE TAB BY MOUTH THREE TIMES A DAY, ONLY AND NO FUTURE REFILL:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 07/08/09 and presents with chronic backache and pain in the left shoulder. The request is for SOMA 350 MG ONE TAB BY MOUTH THREE TIMES A DAY #90, AND SOMA 350 MG ONE TAB BY MOUTH THREE TIMES A DAY, ONLY AND NO FUTURE REFILLS. There is no RFA provided and the patient's work status is to "continue with full duty." The patient has been taking this medication as early as 07/23/13. MTUS Chronic Pain Medications Guideline muscle relaxants, page 63-66, "Carisoprodol (Soma); neither of these formulations is recommended for longer than a 2 to 3 week period." This has been noted for sedative and relaxant effects. MTUS recommends the requested Soma only for a short period of time. Soma has been prescribed since 07/23/13. This exceeds the 2- to 3-week period recommended by MTUS Guidelines. Therefore, the requested Soma IS NOT medically necessary.

OXYCONTIN CR 20MG TWICE A DAY AUTHORIZATION OF THE PRESENTING PRESCRIPTION, WITH ONE REFILL ONLY OF OXYCONTIN CR 20 MG TWICE A DAY.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 07/08/09 and presents with chronic backache and pain in the left shoulder. The request is for OXYCONTIN CR 20 MG TWICE A DAY AUTHORIZATION OF PRESENTING PRESCRIPTION, WITH ONE REFILL ONLY. There is no RFA provided and the patient's work status is to "continue with full duty." His job description is listed as "local pick-up and delivery, truck driver, loading and unloading freight, lifting, pulling and pushing of up to 120 pounds." The patient has been taking this medication as early as 12/24/13. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "The patient should be addressed at each visit and functioning should be measured at 6-month intervals using the 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. The 12/24/13 report states that the patient rates his pain as a 7/10. "He states that medications are less effective. Medication side effects felt by the patient include abdominal pain, constipation, dizziness, and drowsiness." The 01/02/14 report indicates that the treater discussed the opioid agreement, the random urine toxicology screens, and the CURES report with the patient. However, an actual UDS is not provided from the treater, nor is there any indication if the patient was consistent with his prescriptions. Although there are pain scales and a discussion on side effects/aberrant behavior provided, not all 4 A's are addressed. There is no discussion on the patient's ADLs which demonstrate medication efficacy. The treater discussed the CURES report with the patient, but did not provide a UDS to show medication compliancy. No outcome measures are provided either as required by MTUS Guidelines. The requested Oxycontin IS NOT medically necessary.

OXYCODONE IR 5MG THREE TIMES PER DAY (TID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 07/08/09 and presents with chronic backache and pain in the left shoulder. The request is for OXYCODONE IR 5 MG THREE TIMES PER DAY TID. There is no RFA provided and the patient's work status is to "continue with full duty." His job description is listed as "local pick-up and delivery, truck driver, loading and unloading freight, lifting, pulling and pushing of up to 120 pounds." The patient has been taking this medication as early as 12/24/13. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "The patient should be addressed at each visit and functioning should be measured at 6-month intervals using the 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. The 12/24/13 report states that the patient rates his pain as a 7/10. "He states that medications are less effective. Medication side effects felt by the patient include abdominal pain, constipation, dizziness, and drowsiness." The 01/02/14 report indicates that the treater discussed

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