

Case Number:	CM14-0012116		
Date Assigned:	02/21/2014	Date of Injury:	12/08/2003
Decision Date:	02/18/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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. 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 & Rehabn

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 45 year old female with an injury date of 12/08/03. Per the 01/08/14 report the patient presents with back pain rated 5/10. The patient recently started a new job. Examination from the 01/22/14 report reveals tenderness to palpation in the left lower back. Straight leg raise is positive bilaterally with radicular pain in both legs. The patient's diagnoses per the 01/22/14 report include: 1. Chronic lower back pain with lumbar radiculopathy--right L52. S/p lumbar fusion L4-5: s/p hardware removal3. Lumbar spondylosis with failed back syndrome and epidural fibrosis at L4-54. Chronic neck pain with multilevel disc osteophyte complex C3-5 to C6-75. S/p pain pump trial in 20086. S/p spinal cord stimulator 20077. Obesity s/p gastric band in 2003The utilization review is dated 01/17/14. Reports were provided for review from 07/10/13 to 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 3mg #90: Upheld

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

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

Decision rationale: The patient presents with lower back pain rated 5/10. The current request is for Alprazolam 3mg #90 (Xanax, a Benzodiazepine). The RFA is not included. The 01/17/14 utilization review modified this request from #90 to #70. MTUS, Benzodiazepines, page 24 states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." The reports provided from 2013 indicate the medication was for insomnia. The 01/22/14 report states use is for anxiety. This report states, "Until she can get referral to a psychiatrist, I would maintain her on Xanax 1 mg TID (No RX)." The reports show the patient has been prescribed this medication since at least 07/10/13. In this case, the MTUS does not recommend this medication for long term use and it has been prescribed for this patient on a long-term basis. This request is for #90 versus #70 that has been certified. The request is not medically necessary.

Roxicodone 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with lower back pain rated 5/10. The current request is for Roxicodone 30mg #240 (Oxycodone Hydrochloride, an opioid). The RFA is not included. The 01/17/14 utilization review modified this request from #240 to #180. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a 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 treater states this medication is for breakthrough pain and she has been on six per day. The reports provided show she has been prescribed this medications since at least 07/10/13. Analgesia in not fully documented. The 01/08/14 report states the patient has average pain of 5/10 and current pain of 6/10. The patient states pain is back to baseline and she has been relatively stable with back pain. However, the reports provided do not document how much pain is improved with use of this medication. No recent reports discuss ADL's for this patient; however it is noted the patient is working. It is unknown if work is full time. Opiate management issues are partially addressed. A urine toxicology report is provided from 12/10/13 that shows the presence of Oxycodone, Norhydrocodone and Oxymorphone. The treater does not discuss the presence of Oxymorphone. Adverse side effects and aberrant behavior are not discussed. In this case, analgesia, and opiate management issues are not sufficiently documented to support long-term opioid use as required by MTUS. The request is not medically necessary.

Oxycontin 160 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with lower back pain rated 5/10. The current request is for Oxycontin 160 #180 (Oxycodone, an opioid). The RFA is not included. The 01/17/14 utilization review modified this request from #180 to #135. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a 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 reports provided show she has been prescribed this medications since at least 07/10/13. The 01/22/14 treatment plan states, "After lengthy discussion, I would initiate a slow weaning process for her: Decrease OxyContin 160 mg q 8 hours decreased from 160-240-160 mg (Written Rx#180), and convert extra one 80 mg to 40 mg qd. So her daily dose is decreased from 560 mg to 520 mg." Analgesia is not fully documented. The 01/08/14 report states the patient has average pain of 5/10, current pain of 6/10. The patient states pain is back to baseline and she has been relatively stable with back pain. However, the reports provided do not document how much pain is improved with use of this medication. No recent reports discuss ADL's for this patient; however it is noted the patient is working. It is unknown if work is full time. Opiate management issues are partially addressed. A urine toxicology report is provided from 12/10/13 that shows the presence of Oxycodone, Norhydrocodone and Oxymorphone. The treater does not discuss the presence of Oxymorphone. Adverse side effects and aberrant behavior are not discussed. In this case, analgesia, and opiate management issues are not sufficiently documented to support long-term opioid use as required by MTUS. The request is not medically necessary.

Soma 350mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants for pain Page(s): 29; 63-66.

Decision rationale: The patient presents with lower back pain rated 5/10. The current request is for Soma 350mg #180. The RFA is not included. MTUS Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The treater states this medication is for spasm. The reports provided show the patient has been prescribed this medication since at least 07/10/13. In this case, Soma is not indicated for long

term use per MTUS, and the patient has been prescribed the medication on a long-term basis. There is no discussion of use outside guidelines. The request is not medically necessary.