

Case Number:	CM14-0207178		
Date Assigned:	12/19/2014	Date of Injury:	02/13/2003
Decision Date:	02/10/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/10/2014

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 Practice, 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:

61-year-old male claimant who sustained a work injury on February 13, 2003 involving the low back. He was diagnosed with Lumbago. He had undergone trial of muscle stimulators as well as therapy. He had been on Norco and Soma for pain since at least April 2013. A progress note on October 22, 2014 indicated that claimant had 4/10 with medications. Exam findings were notable for tenderness in the head and neck with flexion and extension as well as similar findings in the lumbar spine. The claimant was treated with Norco 10 mg every 4 to 5 hours, OxyContin 20 mg every six hours and OxyContin 40 mg extended release every six hours. The claimant had been on Soma at the time as well as Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of OxyContin 20mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines OxyContin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or

compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids for over. The maximum morphine equivalent per day recommended is 120 mg. The combined dose of OxyContin received exceed that amount. The request for OxyContin 20mg is not medically necessary.

1 prescription of Oxycontin 40mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines OxyContin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids for over. The maximum morphine equivalent per day recommended is 120 mg. The combined dose of OxyContin received exceed that amount. The request for OxyContin 40mg is not medically necessary.

1 prescription of Soma 350mg, #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Soma (carisoprodol).

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

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma 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. As a combination with Hydrocodone, an effect that some abusers claim is similar to Heroin. In this case, it was combined with OxyContin, which increases side effect risks and abuse potential. The use of Soma 350mg is not medically necessary.