

Case Number:	CM14-0208187		
Date Assigned:	12/22/2014	Date of Injury:	09/14/2001
Decision Date:	02/18/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50-year-old woman who sustained a work-related injury on September 14, 2001. Subsequently, the patient developed chronic low back pain. Prior treatments included: medications (ambien, amitriptyline, carisoprodol, flurazepam, gabapentin, Lyrica, tramadol), chiropractic/acupuncture treatment, physical therapy, TENS, and pain management/injections. According to a progress report dated November 11, 2014, the patient complained of pain in the lumbar spine radiating down both legs and right knee pain. She stated her feet were numb as well. Review of system revealed the use of MJ on occasion for pain relief, sleeping problems, anxiety, depression, irregular heartbeat, and diarrhea. UDS collected on January 17, 2014 revealed positive oxazepam, alpha hydroxyalprazolam, hydroxyethyl flurazepam, and cannabinoids. Physical examination noted that the patient needed occasional repositioning while sitting in chair and displayed mild discomfort. There were trigger points at upper outer quadrant of the buttocks, paraspinal muscle tenderness and mild spasm. Paraspinal muscle strength and tone within normal limits. Straight leg raise test was negative bilaterally. There was tenderness to palpation at the sacroiliac joint. Right/left upper extremities reflexes were 1+. Right/left lower extremity had diminished patella and ankle reflex. The patient was diagnosed with sacroiliitis, lumbago, lumbar spondylosis, and chronic pain. The provider requested authorization for Oxycodone and Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg: Upheld

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

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, Oxycodone 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. 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 opioids. There is no clear documentation of the efficacy/safety of previous use of Oxycodone. There is no clear justification for the need to continue the use of Oxycodone. Therefore, the prescription of Oxycodone is not medically necessary.

Carisoprodol 350mg: Upheld

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

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 Carisoprodol. The request for Carisoprodol tablet 350mg is not medically necessary.