

Case Number:	CM14-0085325		
Date Assigned:	07/23/2014	Date of Injury:	07/08/2009
Decision Date:	02/26/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/06/2014

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:

This is a 48 year old male who sustained a work related injury on July 8, 2009. The mechanism of injury was a fall from a truck, in which he sustained a thoracic five compression fracture. Diagnoses include pain in the joint of the shoulder, thoracic spondylosis without myelopathy, spasm of muscle, cervicgia and headache syndrome. Current documentation dated May 1, 2014 notes that the injured workers pain level was unchanged at a level of six out of ten on the Visual Analogue Scale. The injured worker notes that his pain medications are working and his condition is unchanged. The injured workers level of functionality was noted to be unchanged. Current medications include Oxycodone Hcl, Oxycontin, Soma , Voltaren, Quazepam, Valtrex, Lorazepam and Sumavel Dosepro. Prior treatments have included, thirty-two sessions of physical therapy, chiropractic therapy, exercise, a transcutaneous electrical nerve stimulation unit, a thoracic five epidural steroid injection and a right rotator cuff repair in November of 2013. The injured worker continues to work full time. The treating physician reports that the injured worker continues to show improved function as well as reduced pain levels on his medications, with no evidence of escalation. The treating physicaïn requested prescriptions of Oxycontin CR 20 mg # 60, Oxycodone 15 mg # 90 and Soma 350 mg # 90. Utilization Review evaluated and modified the requests on May 14, 2014 per MTUS Guidelines. The prescriptions for Oxycontin CR 20 mg # 60 and Oxycodone 15 mg # 90 were modified due to the injured workers level of functionality had remained the same, as well as the multiple pain complaints are reported as being the unchanged. In addition, there is no discussion of the medication being reduced or discontinued. Therefore, the requests have been modified to Oxycontin CR 20 mg # 30 with no

refills and Oxycodone 15 mg # 40 with no refills. The medications were modified with the plan for the reduction or discontinuance of the medications or more specific documentation for continued use. The prescription for Soma was modified to Soma 350 mg # 30 with no refills, per MTUS Guidelines which state that for chronic pain the efficacy of muscle relaxants for muscle relaxation and functional benefit is unproven. Therefore, the request was modified for tapering and discontinuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg TID #90: Upheld

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

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

Decision rationale: According to the 05/01/2014 report, this patient presents with 6/10 back and shoulder pain that stayed the same since the last visit. The current request is for Soma 350mg tid #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Soma #90 and this medication was first noted in the 07/23/2013 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Oxycodone 15mg PO TID #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 75-80, 91, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. CRITERIA FOR USE OF OPIOIDS Page(s): 60-61,76-78,88-89.

Decision rationale: According to the 05/01/2014 report, this patient presents with 6/10 back and shoulder pain that stayed the same since the last visit. The current request is for Oxycodone 15mg po tid #90. This medication was first mentioned in the 12/24/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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. In reviewing the medical reports provided, the treating physician states that the patient's condition is unchanged. The level of functionality of the patient has stayed the same. The patient started a new job as a truck driver that require him to do loading and unloading freight, lifting, pulling and pushing of up to 120 pounds. The treating physician indicates that the medications allow him to continue to work full time. He denies any problem with constipation or dyspepsia. Per 02/19/2014 report, the patient rated the pain as a 4-5/10 with medications and an 8-9/10 without the use of medications. In this case, the treating physician's report shows proper documentation of the four As as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Oxycontin CR 20mg BID #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 75-80, 91,92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. CRITERIA FOR USE OF OPIOIDS Page(s): 60-61,76-78,88-89.

Decision rationale: According to the 05/01/2014 report, this patient presents with 6/10 back and shoulder pain that stayed the same since the last visit. The current request is for Oxycontin CR 20mg BID #60. This medication was first mentioned in the 12/24/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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. In reviewing the medical reports provided, the treating physician states that the patient's condition is unchanged. The level of functionality of the patient has stayed the same. The patient started a new job as a truck driver that require him to do loading and unloading freight, lifting, pulling and pushing of up to 120 pounds. The treating physician indicates that the medications allow him to continue to work full time. He denies any problem with constipation or dyspepsia. Per 02/19/2014 report, the patient rated the pain as a 4-5/10 with medications and an 8-9/10 without the use of medications. In this case, the treating physician's report shows proper documentation of the four As as required by the MTUS guidelines. Therefore, the current request IS medically necessary.