

Case Number:	CM15-0008297		
Date Assigned:	01/26/2015	Date of Injury:	08/27/2010
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 27, 2010. In a Utilization Review Report dated December 7, 2014, the claims administrator failed to approve requests for oxycodone, Duragesic, and Ambien. The applicant's attorney subsequently appealed. In a progress note dated January 27, 2015, the applicant reported multifocal pain complaints; predominantly about the cervical spine region status post earlier failed cervical laminectomy surgery. The applicant's medications included oxycodone, Duragesic, Ambien, Soma, and Wellbutrin, it was acknowledged. Ancillary complaints of shoulder pain were noted. The applicant stated that she was involved in the care of her granddaughter. The attending provider stated that the applicant was active in raising her teenage children and occasionally provided childcare for her granddaughter. The attending provider stated that the applicant was using Brintellix for depression. Permanent work restrictions were renewed. It did not appear that the applicant was working with previously imposed permanent limitations. At the bottom of the report, oxycodone, Duragesic, Ambien, Soma, and Wellbutrin were all apparently renewed. In a progress note dated December 9, 2014, the applicant reported complaints of depression and chronic pain. The applicant was permanent and stationary. Oxycodone, Duragesic, Brintellix, Ambien, and Soma were endorsed at the bottom of the report. On this occasion, as with the preceding occasion, the attending provider did not outline any quantifiable decrements in pain achieved as a result of ongoing opioid therapy but stated that it was again his belief that the applicant was deriving appropriate analgesia from the same. In an October 7, 2014 progress

note, the applicant was described as having retired. The applicant was status post earlier left shoulder surgery on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyCodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Opioids, Dosing Page(s): 80; 86.

Decision rationale: No, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, the treating provider acknowledged on several occasions, referenced above, in late 2014/earlier 2015. While the treating provider stated that the applicant was deriving appropriate analgesia from ongoing medication consumption, this was not quantified and is, furthermore, outweighed by the attending provider's failure to identify any meaningful and material improvements in function effected as a result of the same. The applicant's commentary that she is taking care of family members is not specific and does not, in and of itself, constitute evidence of meaningful, material, or substantive improvement effected as a result of ongoing oxycodone usage. It is further noted that the applicant's concurrent usage of oxycodone at a rate of six tablets a day, coupled with fentanyl (Duragesic) 75 mcg per hour does represent a total daily dosage of opioids which exceeds the 120 mg oral morphine equivalents daily recommended maximum, per page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Fentanyl 75mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing When to Continue Opioids Page(s): 86; 80.

Decision rationale: Similarly, the request for fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines, it is recommended that dosing of opioids do not exceed 120 mg oral morphine equivalents per day. Here, the applicant's concomitant usage of oxycodone 30 mg six tablets daily plus fentanyl 75 mcg per hour every two days represents treatment in excess of this recommended dosing. As with the preceding request,

the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, namely, the applicant had seemingly failed to return to work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. The attending provider's commentary to the fact that the applicant is able to care for family members is not specific and does not, in and of itself, constitute evidence of material and meaningful improvement effected as a result of the same. Likewise, the attending provider failed to outline any quantifiable decrements in pain on office visits of December 2014 and January 2015, referenced above. Therefore, the request was not medically necessary.

Ambien 10mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration, however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to "35 days." Here, the request for Ambien 10 mg, #30 with three refills, however, represents treatment well in excess of the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.

Soma 250mg #90 with 2 refills: Upheld

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

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

Decision rationale: Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the 90-tablet, two refills of carisoprodol (Soma) does, in fact, imply chronic, long-term, and

scheduled usage. Such usage runs counter to the philosophy espoused on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly when employed in conjunction with oxycodone and fentanyl (Duragesic). Therefore, the request was not medically necessary.