MAXIMUS Federal Services

Case Number:	CM15-0102403		
Date Assigned:	06/04/2015	Date of Injury:	11/21/2011
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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, New York, 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 51-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 21, 2011.In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for Oxycodone, OxyContin, and Soma. The claims administrator did, however, approve a pain management follow-up visit. A RFA form received on May 4, 2015 was referenced in the determination. On June 2, 2015, the applicant reported ongoing complaints of low back and neck pain, highly variable, from 7-9/10. Upper extremity difficulties were noted. The applicant had received a lumbar rhizotomy procedure and cervical epidural steroid injection therapy, it was acknowledged. The applicant had also undergone removal of kidney stones, it was reported. The applicant was on OxyContin, oxycodone, Wellbutrin, Soma, and Xanax, it was reported. 10/10 pain without medications versus 7/10 pain with medications was reported in one section of the note. The applicant posited that he would be bed bound and/or hospitalized without his medications. The applicant was using a cane to move about. The attending provider stated toward the bottom of the report that the applicant's medications were allowing him to perform activities of self-care and personal hygiene, including cooking. The applicant was ultimately given multiple refills with permanent work restriction renewed. The applicant's work status was not clearly stated. It did not appear that the applicant was working. On May 4, 2015, the applicant reported persistent complaints of stabbing low back pain, which radiated to the leg, 8/10. The applicant was on Oxycodone, OxyContin, Wellbutrin, Soma, and Xanax, it was reported. The attending provider again stated that the applicant's ability to perform self-care,

personal hygiene, cooking and cleaning were ameliorated with ongoing medication consumption. OxyContin, Oxycodone, Soma, and permanent work restrictions were renewed. Once again, it was not stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. 10/10 pain without medications versus 9/10 with medications was reported yet in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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, however, the applicant did not appear to be working following imposition of permanent work restrictions, it was suggested (but not clearly stated) as above. The applicant continued to report pain complaint as high as 7-9/10, despite ongoing Oxycodone usage. The attending provider's commentary on May 4, 2015 suggesting that the applicant's pain scores were 9/10 with medications versus 10/10 without medications did not constitute evidence of a significant or substantive drop in pain scores effected as a result of ongoing opioid usage. The applicant's statements to the effect that his ability to perform self-care, personal hygiene, and cooking as a result of ongoing medication consumption likewise did not constitute evidence of a meaningful, material, and/or substantive of improvement in function effected as a result of ongoing Oxycodone usage. Therefore, the request was not medically necessary.

Oxycontin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for OxyContin, a long-acting opioid, was likewise 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, however, the applicant's work status was not clearly stated in multiple progress notes referenced above, although it did not appear

that the applicant was working following imposition of permanent work restrictions. The applicant continued to report pain complaint sometimes as high as 9/10, despite ongoing medication consumption, it was reported on May 4, 2015. The applicant's commentary to the effect that he would be bed bound or hospitalized without his medications did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

Soma 350mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

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 medications. Here, the applicant was, in fact, concurrently using two separate opioid agents, OxyContin and Oxycodone. The request for Soma was framed as a renewal or extension request for the same, and thus, represented usage in excess of the two to three week limit on Carisoprodol usage suggested on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.