

Case Number:	CM15-0108222		
Date Assigned:	06/12/2015	Date of Injury:	09/21/1999
Decision Date:	07/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 69-year-old female, who sustained an industrial injury on September 21, 1999. She reported neck pain, upper extremity pain, low back pain, anxiety, depression, fatigue, dizziness and weakness. The injured worker was diagnosed as having status post right epicondylectomy, right trigger thumb release, right De Quervain's release, right wrist surgery, left shoulder surgery, right shoulder surgery, right carpal tunnel surgery, sacroilitis, lumbosacral spondylosis and post lumbar laminectomy syndrome. Treatment to date has included diagnostic studies, radiographic imaging, multiple surgical interventions, conservative care, a functional restoration program, medications and work restrictions. Currently, the injured worker complains of continued neck pain, upper extremity pain, low back pain, anxiety, depression, fatigue, dizziness and weakness. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 1, 2015, revealed continued pain. She completed a functional restoration program with little noted benefit. She noted up to a 40% reduction in pain with medications. She was instructed to continue a home exercise program. She noted no side effects with the medications. A retrospective request for medication was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Opana 30mg QTY: 90 (DOS: 04/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Opana (oxymorphone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the arm, neck, and lower back. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication significantly improved the worker's pain intensity and function. However, the worker's daily dose of medication was significantly higher than that supported by the Guidelines. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 90 tablets of Opana (oxymorphone) 30mg for the date of service 04/20/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. The request is not medically necessary.

Retrospective: Soma 350mg QTY: 90 (DOS: 04/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma), Weaning of Medications Page(s): 63-66, 29, 124.

Decision rationale: Carisoprodol is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing pain in the arm, neck, and lower back. There was no discussion suggesting a recent flare-up of long-standing lower back pain or describing special circumstances that sufficiently supported

this request for long-term use. In the absence of such evidence, the current request for ninety tablets of carisoprodol 350mg for the date of service 04/20/2015 is not medically necessary. Because of the increased risks with prolonged use and the lack of documented benefit, an appropriate taper should be able to be completed with the medication available to the worker. The request is not medically necessary.

Retrospective: Ketamine 5% Cream 60gr QTY: 1 (DOS: 04/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, Topical Analgesics Page(s): 56, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The MTUS Guidelines do not recommend the use of ketamine for on-going pain. The literature has not demonstrated this medication to have sufficient benefit in this setting to outweigh its serious potential negative side effects, even in the topical form. The submitted and reviewed records indicated the worker was experiencing pain in the arm, neck, and lower back. There was no discussion detailing extenuating circumstances that sufficiently supported the requested medication. In the absence of such evidence, the current request for 60g of a cream containing 5% ketamine for the date of service 04/20/2015 is not medically necessary.