

Case Number:	CM15-0121683		
Date Assigned:	07/02/2015	Date of Injury:	06/14/2001
Decision Date:	11/30/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/23/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 49 year old male, who sustained an industrial injury on 6-14-2001. The injured worker is undergoing treatment for: lumbosacral spondylosis without myelopathy, failed back syndrome, lumbar radiculitis, lumbar degenerative disc disease. On 6-1-15, he reported stabbing sharp low back and bilateral leg pain. He rated his pain 6-8 out of 10. On 6-29-15, he reported low back pain. He indicated a spinal cord stimulator trial helped with his pain by 50 percent and he was able to decrease his medications. Physical examination revealed tenderness in the low back, decreased range of motion of the lumbar spine, and intact motor and sensory. There is no current discussion of pain reduction with the use of OxyContin, Soma or Oxycodone. The treatment and diagnostic testing to date has included: medications, lumbar epidural steroid injection (2-12-15), home exercise program, radiofrequency ablation (date unclear), nerve blocks (date unclear), multiple physical therapy sessions, pool therapy, and rest, and activity modification, urine drug screen (March 2015). Medications have included: OxyContin, Soma, and Oxycodone. The records indicate he has been utilizing OxyContin, and Soma since at least June 2015, possibly longer; and Oxycodone since at least March 2015, possibly longer. Current work status: off work, permanent disability. The request for authorization is for: OxyContin 4 mg tablets quantity 60, one tablet by mouth two times a day, 30 day fill, no refills; Oxycodone 30mg tablets quantity 120, one tablet by mouth two times a day, 30 day fill, no refills; Soma 350mg tablets quantity 90, one tablet three times a day, 30 day fill, no refills as an outpatient. The UR dated 6-11-2015: non-certified the request for OxyContin 4 mg tablets quantity 60, one tablet by mouth two times a day, 30 day fill, no refills; Oxycodone 30mg tablets quantity 120, one tablet by mouth two times a day, 30 day fill, no refills; Soma 350mg tablets quantity 90, one tablet three times a day, 30 day fill, no refills as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 4mg #60; 1 tab po bid; 30 day fill; 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 6/1/15. Therefore the determination is for non-certification, not medically necessary.

Oxycodone 30mg tabs #120; 1 tab po qid; 30 day fill; 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 6/1/15. Therefore the determination is for non-certification, NOT medically necessary.

Soma 350mg tabs #90; 1 tab po tid; 30 day fill; 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. In this case, the exam note from 6/1/15 does not demonstrate prior dosages and response to Soma. There is lack of demonstrated functional improvement, percentage of relief, or increase in activity from the exam notes provided. In addition, the guidelines do not recommend long term use. Therefore the determination is for non-certification, not medically necessary.