

Case Number:	CM15-0134277		
Date Assigned:	07/22/2015	Date of Injury:	09/27/2001
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old female who sustained an industrial injury on 9-27-01. Diagnoses are left cubital tunnel syndrome, multilevel cervical degenerative disc disease, status post three cervical spine surgeries with most recent; anterior posterior fusion at C3-C7 on 1-25-10, status post right ulnar nerve decompression on 10-3-08, status post bilateral carpal tunnel decompression on the right on 5-9-02 and on the left on 6-20-02, lumbar sprain-strain secondary to multilevel lumbar degenerative disc disease with 3mm disc bulge at L3-L4 with moderate bilateral neuroforaminal stenosis and facet arthropathy and a 3mm disc bulge at L4-L5 with mild to moderate central canal and moderate bilateral; neuroforaminal stenosis per computerized axial tomography scan on 6-28-10, bilateral C4, C5 and C6 radiculopathy by electromyography on 2-26-14. In a progress report dated 5-27-15, the treating physician notes, bilateral cervical paraspinous tenderness and muscle spasm, tenderness of the elbows, a positive Tinel's of left elbow and bilateral wrists, bilateral tenderness from L4-S1 and 2+ muscle spasms over the bilateral lumbar junction. She shows no drug seeking behavior and has a signed opioid contract. She has undergone urine drug screening which shows compliance with prescribed medications. Without medication, she is confined to a bed or chair. The treatment plan is for Oxycontin for the chronic pain condition as a result of her work injury. She has undergone various surgical procedures and remains symptomatic with pain. She reports her pain to be 3 out of 10 with medication and her range of pain levels vary from 0-5 out of 10. Without medications she states her pain level will be 8 out of 10. She has functional improved ability to perform activities of daily living with pain medication as well as to perform her daily stretching and exercise

program. Also as a part of the treatment plan is Carisoprodol for a 30 day trial and Xanax for severe anxiety due to pain. The requested treatment is 1 prescription for Oxycontin 15mg for a quantity of 60 and 1 prescription for Carisoprodol 350mg for a quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycontin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of pain or functional improvement from previous use of Oxycontin. There is no documentation of breakthrough pain. There is no documentation of continuous compliance of the patient with her medications. There is documentation of the safety of the used opioids. Therefore, the prescription of Oxycontin 15mg #60 is not medically necessary.

1 prescription for Carisoprodol 350mg #120: Upheld

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

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle relaxant. There is no justification for prolonged use of Carisoprodol. Therefore, the request for Carisoprodol tablet 350mg is not medically necessary.