

Case Number:	CM15-0135396		
Date Assigned:	07/23/2015	Date of Injury:	04/25/2009
Decision Date:	09/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male who sustained an industrial injury on 04/25/09. Initial complaints and diagnoses are not available. Treatments to date include medications and home exercise program. Diagnostic studies are not addressed. Current complaints include low back pain and a request for opioid detoxification. Current diagnoses include lumbar radiculitis and lumbar degenerative disc disease. In a progress note dated 06/15/15 the treating provider reports the plan of care as weight loss, home exercise program, referral for Suboxone detoxification evaluation and treat, as well as medications including Valium, Soma, Percocet, OxyContin; and a follow-up visit. The requested treatments include valium, Soma, Percocet, OxyContin, an evaluation and treatment for Suboxone detoxification, and a follow-up visit. The documentation supports the injured worker has been on Soma, Valium, Percocet, and OxyContin since at least 01/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication since at least 10/2014. As the treatment is not recommended for long term use, the request is not medically necessary.

Soma 350mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain procedure summary online version.

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

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 76, 80, 82, 83, and 91 to 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review notes that the injured worker stated that oral medications helped with 50 to 60 percent improvement in function with activities of daily living and toleration of work. The injured worker stated of being "too dependent on opioids". The pain was rated at 4 with medications and the injured worker could walk 4 blocks, sit for 2 hours, and stand for 20 minutes. Without medications, the pain was rated at 10 and he could walk 1-2 blocks, sit for 30 minutes, and stand for 10 minutes. UDS dated 3/24/15 was consistent with prescribed medications. The injured worker is taking 300mg of oxycodone daily which is 450mg morphine equivalents. As this is greatly in excess of the MTUS recommended 120 MED, medical necessity cannot be affirmed. The request is not medically necessary.

Oxycontin 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 76, 80, 82, 83, and 91 to 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The documentation submitted for review notes that the injured worker stated that oral medications helped with 50 to 60 percent improvement in function with activities of daily living and toleration of work. The injured worker stated of being "too dependent on opioids". The pain was rated at 4 with medications and the injured worker could walk 4 blocks, sit for 2 hours, and stand for 20 minutes. Without medications, the pain was rated at 10 and he could walk 1-2 blocks, sit for 30 minutes, and stand for 10 minutes. UDS dated 3/24/15 was consistent with prescribed medications. The injured worker is taking 300mg of oxycodone daily which is 450mg morphine equivalents. As this is greatly in excess of the MTUS recommended 120 MED, medical necessity cannot be affirmed. The request is not medically necessary.

Evaluation/treatment for Suboxone & detox: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 26, 27 and 42. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain procedure summary online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical records indicate that the injured worker has a morphine equivalent dose of 450mg and wishes to reduce his dependency on opioids. I respectfully disagree with the UR physician's assertion that because a taper has began that evaluation and treatment for Suboxone and detoxification is not medically necessary. The request is appropriate and medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain procedure summary online version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested follow up has not been sufficiently established by the documentation available for my review. The documentation does not specify what the follow up visit will address. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for x1 follow up.