

Case Number:	CM15-0143041		
Date Assigned:	08/07/2015	Date of Injury:	09/06/1999
Decision Date:	09/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: Hawaii, California, Iowa

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 injured worker is a 49-year-old female, who sustained an industrial injury on 9-6-1999. The mechanism of injury is injury from transferring a 210-pound patient from a shower chair to a toilet, she slipped and fell. The current diagnoses are neuropathic pain, anterior cervical discectomy and fusion C5-C6, cervical post-laminectomy syndrome, cervical radiculopathy, chronic pain, right shoulder impingement, status post right shoulder surgery, bilateral carpal tunnel release, chronic headache, and gastroesophageal reflux disease. According to the progress report dated 6-2-2015, the injured worker complains of bilateral neck, right shoulder, and bilateral hand pain. On a subjective pain scale, she rates her pain 4 out of 10 with medications and 8-9 out of 10 without. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles with restricted range of motion in all directions. Examination of the right shoulder reveals restricted range of motion with positive impingement, Neer's, and Hawkin's signs. The current medications are Ambien, Gabapentin, Ibuprofen, Fioricet, Oxycontin, Soma, and Norco. There is documentation of ongoing treatment with Oxycontin, Soma, and Norco since at least 11-11-2014. Treatment to date has included medication management, MRI studies, cervical facet injections, electro diagnostic testing, and surgical intervention. Work status is described as permanent disability. A request for Oxycontin, Soma, and Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long-term usage unless there is evidence of "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 for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. Furthermore, as noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. The work status is described as 'permanent disability'. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Oxycontin is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Soma (Carisoprodol).

Decision rationale: MTUS states regarding Crisoprodol, "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." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." In this case, there is no documentation of muscle spasms to necessitate the use of a muscle relaxant. In addition, the guidelines do not support this medication for long-term use. With Soma, there is documentation of ongoing treatment since at least 11-11-2014, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Soma is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long-term usage unless there is evidence of "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 for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. Furthermore, as noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. The work status is described as 'permanent disability', which implies a complete lack of functional improvement. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Norco is not medically necessary.