

Case Number:	CM15-0162955		
Date Assigned:	08/31/2015	Date of Injury:	09/10/2009
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 62 year old female who sustained an industrial injury on 9-10-09. The injured worker was diagnosed as having post-laminectomy syndrome - cervical, post-laminectomy syndrome - lumbar and chronic pain syndrome. Currently, the injured worker reported discomfort in the neck with radiation to the upper extremities, back and lower extremities. Previous treatments included status post lumbar discectomy (2011), status post cervical fusion (2010), analgesics, transcutaneous electrical nerve stimulation unit, oral pain medication, physical therapy, chiropractic treatments, muscle relaxants, topical analgesics, injections and ice. Previous diagnostic studies included computed tomography and magnetic resonance imaging. Work status was not noted. The injured workers pain level was noted as 6 out of 10. Physical examination was notable for cervical spine with tenderness to the paraspinous muscle, trapezius muscle, and decreased range of motion, lumbar spine with limited rotation upon range of motion, tenderness to palpation to the thoracic and lumbar paraspinous muscles. The plan of care was for Soma 350 milligrams one by mouth two times per day quantity of 60 no refills, Oxycodone 10 milligrams one by mouth every 4-6 hours quantity of 150 no refills, Lidoderm 5% 2 patches on every 12 hours - off 12 hours quantity of 60 no refills and Oxycontin 10 milligrams one every 12 hours quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, one by mouth two times per day #60, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma) Page(s): 63-64, 29.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Currently, the injured worker reported discomfort in the neck with radiation to the upper extremities, back and lower extremities. The provider documentation dated 1-6-15 notes the injured worker was taking Soma for "breakthrough pain". Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Oxycodone 10mg, one by mouth every 406 hours, #150, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain/Opioids, specific drug list, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Oxycodone 10 milligrams one by mouth every 4-6 hours quantity of 150, no refills. Currently, the injured worker reported discomfort in the neck with radiation to the upper extremities, back and lower extremities. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. 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." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status,

activities of daily living, and dependency on continued medical care. Documentation does not give evidence of the efficacy of this medication for injured workers discomfort. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Lidoderm 5%, 2 patches on every 12 hours/off 12 hours, #60, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch) Page(s): 111-113, 56.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the injured worker reported discomfort in the neck with radiation to the upper extremities, back and lower extremities. The provider documentation does not show a trial of a first-line therapy as recommended by CA MTUS. As such, the request for Lidoderm 5% 2 patches on every 12 hours - off 12 hours quantity of 60 no refills is not medically necessary.

Oxycontin 10mg, one every 12 hours, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain/Opioids, specific drug list, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Oxycontin 10 milligrams one every 12 hours quantity of 60. Currently, the injured worker reported discomfort in the neck with radiation to the upper extremities, back and lower extremities. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. 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." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Documentation does not give evidence of the efficacy of this medication for injured workers discomfort. As such, the request for Oxycontin 10 milligrams one every 12 hours quantity of 60 is not medically necessary.