MAXIMUS Federal Services

Case Number:	CM15-0164201		
Date Assigned:	09/01/2015	Date of Injury:	06/29/2004
Decision Date:	10/19/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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: Internal 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 58 year old male, who sustained an industrial injury on 6-29-2004. He reported low back pain. The mechanism of injury is unclear. The injured worker was diagnosed as having right sacroiliac joint pain, left lumbar radiculopathy, gait disturbance. Treatment to date has included medications, medial branch blocks. The request is for Oxycontin, Soma, and Norco. On 6-23-2015, he reported low back and bilateral leg pain that was similar to his previous visit. He indicated he had discomfort in his feet, legs and low back. The treatment plan included: Oxycontin, 2nd set of medial branch blocks, soma, Colace, and Norco. On 7-21-2015, he reported low back and bilateral leg pain. He indicated his symptoms to be similar to his last visit. He reportedly had his first set of lumbar medial blocks. He rated his pain 7 out of 10, which was reduced to 0 out of 10 with the block. He indicted medications are currently tolerated well and reduce his pain allowing him to function and take care of his wife, household and 2 grandkids. He indicated without medications he does not think he would be able to do these things. In July 2015, he reported his left heel hurting and feeling pain coming up from the foot into the leg and hip. His 2nd set of medial branch blocks was subsequently cancelled. The treatment plan included: Oxycontin, Soma, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate objective evidence of adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. There is no discussion of appropriate medication use, and side effects. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The request for Oxycontin 80 mg #90 is not medically necessary by MTUS.

Soma 350 mg #110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS states that non-sedating muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CA MTUS states that Soma (Carisoprodol) is 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 this case, there has been long term use of greater than the 2-3 week period as recommended. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain with the use of Soma. The medical necessity for ongoing use of this medication has not been established. The request for Soma 350 mg #110 is not medically necessary per MTUS guidelines.

Norco 10/325 mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate objective evidence of adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. The request for Norco 10/325 mg #200 is not medically necessary by MTUS.