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| Case Number: | CM15-0167301 | | |
| Date Assigned: | 09/08/2015 | Date of Injury: | 08/21/1998 |
| Decision Date: | 10/26/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 42 year old female who sustained an industrial injury on 08-21-1998. Current diagnoses include cervical degenerative disc disease, cervical postlaminectomy syndrome, cervical facet arthropathy, and migraine headache. The injured worker presented on 07-08-2015 with noting continued benefit with use of current medication regimen, the injured worker stated that she cannot reduce any further at this time. Pain level with Oxycontin is 4-7 out of 10 depending on activity on a visual analog scale (VAS). It was further noted that she has continued benefit with the use of the Oxy IR, which reduces her pain flares from 7 out of 10 to 4 out of 10 and lasting for several hours. Physical examination was positive for an antalgic gait, tenderness in the lumbar region with positive facet loading test, decreased right shoulder range of motion, and right upper extremity weakness and allodynia. Previous diagnostic studies included urine drug screening on 05-15-2015 which the provider documented as "appropriate". Previous treatments included medications, and home exercises. The injured worker uses Xanax as needed since at least 04-14-2015 and has continued benefit from Soma that she uses as needed for muscle spasms since at least 03-17-2015. The treatment plan included reviewing and refilling medication with no change in dosage or medications, stressed the importance of self-motivation, use of distraction techniques and daily social interaction to help manage chronic pain, encouraged to continue activities as tolerated and stretching exercises, follow up with PCP, and return to clinic in 30 days or sooner if worsening symptoms. The utilization review dated 08-17-2015, non-certified Oxycontin 30 mg #90, modified Oxycodone 15 mg #60 to Oxycodone 15 mg, #45, Xanax 1 mg #20 with 2 refills to Xanax 1 mg #20 with no refills, and Soma 350 mg

#30 with 2 refills to Soma 350 mg #30 with no refills the request based on the following rationale. The Oxycontin was non-certified based on lack of functional improvement, as was the Oxycodone, but the reviewer did allow for a partial amount for weaning purposes. Xanax and Soma were modified to allow for evaluation of efficacy of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #60: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for oxycodone (Roxicodone), Chronic Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 7/10 to 4/10 and there is a consistent urine drug screen from 5/2015. However, there is no indication that the medication is resulting in any functional gains, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone (Roxicodone) is not medically necessary.

Oxycontin 30 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), Chronic Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved

function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 7/10 to 4/10 and there is a consistent urine drug screen from 5/2015. However, there is no indication that the medication is resulting in any functional gains, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.

Xanax 1 mg #20 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Xanax.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Regarding the request for Xanax (alprazolam), the Chronic Pain Medical Treatment Guidelines state that benzodiazepines are "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)" Within the documentation available for review, there appears to be long-term use of the benzodiazepine despite guideline recommendations for no more than 4 weeks of use. Therefore, this request is not medically necessary. This medication should not be abruptly weaned, and the provider should be allowed to wean this medication as he or she sees fit. It is beyond the scope of the IMR process to dictate a particular weaning schedule.

Soma 350 mg #30 with 2 refills: 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: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation

available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.