MAXIMUS Federal Services

Case Number:	CM15-0167464		
Date Assigned:	09/08/2015	Date of Injury:	05/24/2002
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
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: Massachusetts
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 (IW) is a 53 year old female who sustained an industrial injury on 05-24-2002. The initial report of the injury and complaint are not found in the records reviewed. The injured worker was diagnosed as having shoulder pain. Treatment to date has included medications for pain and medication management with an opioid contract and urine toxicity screens. Her medications include Lidoderm patches, Soma 350 mg, three times daily as needed, Roxicodone 15 mg, one to two every 4-6 hours for pain(maximum 6/daily), Clonazepam 0.5mg twice daily, Hydrochlorothiazide 25 mg daily, Relpax 40 mg one as needed, Amlodipine, 2.5 my daily, and Ondansetron 4mg tablet once as needed. Currently, (08-07-2015) the injured worker complains of pain that has increased since her last visit. She rates her pain with medications as a 5 on a scale of 1-10, and pain without medications as a 10 on a scale of 0-10. She denies new problems or side effects. Her activity has decreased. She complains of right shoulder pain that has increased secondary to use of a cane following right ankle surgery (05- 2015). She reports increase in the bilateral shoulders to a 5 on a scale of 0- 10. The worker recently had right ankle surgery on 05/15/2015 following a fall at home. According to provider notes, the worker has renal papillary necrosis and cannot receive renal intensive medications. She is unable to take non-steroidal anti -inflammatory drugs secondary to kidney disease, and is unable to take Tylenol due to Stevens-Johnson syndrome (SJS). The worker's urine drug screen on 06/30/2015 was consistent with her medications. The treatment plan includes shoulder massage therapy, a temporary increase in her Morphine sulfate for 4 weeks, reduce dose of Roxicodone for short acting pain control continue Soma for spasms. A request for authorization was submitted for

Morphine Sulf ER 30mg QTY 90, Roxicodone 15mg QTY 160, and Soma 350mg QTY 60. A utilization review decision (08-19-2015) non-certified the requests for Morphine, Roxicodone, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulf ER 30mg Qty 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, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 and is being treated for right shoulder pain. When seen, she had undergone ankle surgery on 05/15/15 after falling at home. She was having increasing bilateral shoulder pain. Medications are referenced as decreasing pain from 10/10 to 5/10. Physical examination findings included appearing in moderate to severe pain. There was bilateral cervical paravertebral muscle tenderness and hypertonicity. There was decreased and painful shoulder range of motion with positive right shoulder impingement testing. There was subdeltoid bursa and trapezius muscle tenderness. She had decreased right shoulder strength. She was requesting that her MS Contin dose be decreased as she was having less pain since her ankle surgery. MS Contin and Roxicodone were prescribed at a total MED (morphine equivalent dose) of 210 mg per day. At the visit prior to the fall, extended release morphine was prescribed at 60 mg two times per day and the Roxicodone dose was increased up to eight times per day with a total MED of 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Prior to her fall in May 2015 an MED of 300 mg per day was being prescribed. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and further weaning of MS Contin was not being actively planned. Ongoing prescribing at this dose is not medically necessary.

Roxicodone 15mg Qty 160: 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, criteria for use, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 and is being treated for right shoulder pain. When seen, she had undergone ankle surgery on 05/15/15 after falling at home. She was having increasing bilateral shoulder pain. Medications are referenced as decreasing pain from 10/10 to 5/10. Physical examination findings included appearing in moderate to severe pain. There was bilateral cervical paravertebral muscle tenderness and hypertonicity. There was decreased and painful shoulder range of motion with positive right shoulder impingement testing. There was subdeltoid bursa and trapezius muscle

tenderness. She had decreased right shoulder strength. She was requesting that her MS Contin dose be decreased as she was having less pain since her ankle surgery. MS Contin and Roxicodone were prescribed at a total MED (morphine equivalent dose) of 210 mg per day. At the visit prior to the fall, extended release morphine was prescribed at 60 mg two times per day and the Roxicodone dose was increased up to eight times per day with a total MED of 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of this medication was not being actively planned. Therefore, the request is not medically necessary.

Soma 350mg Qty 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): Carisoprodol (Soma).

Decision rationale: The claimant has a remote history of a work injury occurring in May 2002 and is being treated for right shoulder pain. When seen, she had undergone ankle surgery on 05/15/15 after falling at home. She was having increasing bilateral shoulder pain. Medications are referenced as decreasing pain from 10/10 to 5/10. Physical examination findings included appearing in moderate to severe pain. There was bilateral cervical paravertebral muscle tenderness and hypertonicity. There was decreased and painful shoulder range of motion with positive right shoulder impingement testing. There was subdeltoid bursa and trapezius muscle tenderness. She had decreased right shoulder strength. She was requesting that her MS Contin dose be decreased as she was having less pain since her ankle surgery. MS Contin and Roxicodone were prescribed at a total MED (morphine equivalent dose) of 210 mg per day. At the visit prior to the fall, extended release morphine was prescribed at 60 mg two times per day and the Roxicodone dose was increased up to eight times per day with a total MED of 300 mg per day. Soma was refilled and being prescribed on a long-term basis since at least March 2015. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Prescribing Soma is not medically necessary.