MAXIMUS Federal Services

Case Number:	CM15-0182755		
Date Assigned:	09/18/2015	Date of Injury:	03/24/2003
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 3-24-2003. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar facet syndrome, lumbago, postlaminectomy syndrome of thoracic region, and lumbar disc disorder, status post three lumbar surgeries. Currently, he complained of an increase in low back pain since the previous visit in May 2015. There was new pain in the left leg. Pain was rated 8 out of 10 VAS without medication and 4 out of 10 VAS with medication. It was documented that medications allow increased functional ability and without medications a decreased ability to complete activities of daily life. Current medication included Oxycodone, Opana, and Soma at the same doses for at least six months. On 7-7-15, the physical examination documented lumbar tenderness and muscle spasms, lumbar facet tenderness, and decreased sensation to the right lower extremities with mild atrophy and weakness noted. The plan of care included continuation of medication management. The appeal requested authorization for Opana ER 5mg tablets #30, with thirty refills; Oxycodone 30mg tablets #30 with one hundred twenty refills; and Carisoprodol 350mg tablets, #30 with sixty refills. The Utilization Review dated 9-3-15, denied the request allowing for weaning, stating the documentation did not include objective functional improvement per the California Chronic Pain Medical Treatment MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 5mg 30 day supply Qty: 30.00: Overturned

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, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: Opana is Oxymorphone, an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. Documentation meets guideline. However, patient is currently on exceedingly high dose of opioids, in excess of 270mg MED (Morphine Equivalent Dose) a day, which exceed maximum guideline of 120 mg MED. Provider, claims a plan for potential weaning with next week. This plan is appropriate. A 1-month refill for pending weaning is appropriate. Opana is medically necessary.

Oxycodone 30mg 30 day supply Qty: 120: Overturned

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 for chronic pain, Opioids, long-term assessment.

Decision rationale: Oxycodone is an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. Documentation meets guideline. However, patient is currently on exceedingly high dose of opioids, in excess of 270mg MED (Morphine Equivalent Dose) a day, which exceed maximum guideline of 120 mg MED. Provider, claims a plan for potential weaning with next week. This plan is appropriate. A 1-month refill for pending weaning is appropriate. Oxycodone is medically necessary.

Carisoprodol 350mg 30 day supply 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: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. There is no justification for approval anywhere in MTUS guidelines

or any evidence based guidelines. Use of Carisoprodol, a potentially addictive and not- recommended medication, is not medically necessary.