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| Case Number: | CM15-0187309 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 05/28/1996 |
| Decision Date: | 11/18/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 57-year-old male, who sustained an industrial injury on 05-28-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain, shoulder pain, thoracic pain, and insomnia. Medical records (07-10-2015 to) indicate ongoing right-side neck, right shoulder and thoracic pain. Pain levels were no provided, and activity levels and level of functioning were not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 07-2015, reported a flare-up with a date of 04-22. Physical exam, dated 07-10-2015, revealed near total loss of cervical range of motion with paresthesia in right arm with minimal right arm weakness. Relevant treatments have included cervical spine surgery, work restrictions, and pain medications. Current medications include: Percocet (since 05-05-2015), Cymbalta, Soma (unknown length of time), and Fentanyl which was reported to be helpful. There was no urine toxicology screenings or discussion of results mentioned, and no discussion of side effects or aberrant behaviors. The request for authorization was not submitted; however, the utilization review letter (09-10-2015) shows that the following medications were requested: oxycodone and acetaminophen 10-325mg #360 (fill date 09-03-2015), Percocet 10-325mg (10 tab daily) per office note 07-20-2015, and Soma 350mg (2-3 daily). The original utilization review (09-10-2015) partially approved the request for oxycodone and acetaminophen 10-325mg #360 (fill date 09-03-2015) (modified to #180 with no refills), and non-certified the requests for Percocet 10-325mg (10 tab daily) per office note 07-20-2015, and Soma 350mg (2-3 daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen and Oxycodone 10mg/325mg quantity 360, fill date 9/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of oxycodone/APAP nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Furthermore, the injured worker's morphine equivalent dose is in excess of the guideline recommended 120MED. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity is not medically necessary.

Percocet 10/325 10 tab daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of

daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither documentation to support the medical necessity of percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Furthermore, the injured worker's morphine equivalent dose is in excess of the guideline recommended 120MED. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity is not necessary.

Soma 350 1-3 daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

Decision rationale: Per MTUS CPMTG p29, "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 regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.