

Case Number:	CM15-0187614		
Date Assigned:	09/29/2015	Date of Injury:	04/04/2001
Decision Date:	11/12/2015	UR Denial Date:	09/22/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old female patient who sustained a work-related injury on 4-4-01. She sustained the injury due to hit by a thrown mattress while at work. Per the doctor's note dated 8-22-15 she was being treated for acute pain, chronic pain and cervicgia. She had complaints of cervical spine pain, bilateral upper extremities pain and headaches. She rated her pain a 9 on a 10-point scale at the time of evaluation (no change from 7-25-15 evaluation). She reported that her symptoms were gradually worsening. The physical examination revealed a decreased cervical spine range of motion, pain rated an 8 on a 10-point scale with cervical spine range of motion and pain rated 5-7 on a 10-point scale with lumbar spine range of motion; bilateral shoulder range of motion elicited pain and rated the pain 5-8 on a 10-point scale; bilateral feet range of motion elicited pain and rated this pain a 5-8 on a 10-point scale. The medications list includes Percocet 10-325 (since at least 4-18-15), Soma 350 mg (since at least 6-27-15), Norco 10-325, Celebrex, Lisinopril 20 mg, nexium and Cymbalta. She has undergone lumbar spine fusion with hardware in 2002. She has had urine drug screen on 10/23/2013. A recent urine drug screen report is not specified in the records provided. A request for Percocet 10-325 mg #240 and Soma 350 mg #90 was received on 9-9-15. On 9-22-15 the Utilization Review physician modified the request to Percocet 10-325 mg #216 and Soma 350 mg #81 based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg QTY: 240: 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 for chronic pain.

Decision rationale: Percocet 10/325mg QTY: 240, Percocet contains oxycodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The response to an anticonvulsant for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the cited guidelines, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)" This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Percocet 10/325mg QTY: 240 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. The request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Soma 350mg 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Soma 350mg QTY: 90, According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. The response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of muscle spasm in the recent notes is not specified in the records provided. The medical necessity of Soma 350mg QTY: 90 is not established in this patient at this time. The request is not medically necessary.