

Case Number:	CM15-0188511		
Date Assigned:	09/30/2015	Date of Injury:	01/22/2008
Decision Date:	12/11/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 37 year old female who sustained a work-related injury on 1-22-08. Medical record documentation on 8-19-15 and 7-22-15 revealed the injured worker was being treated for chronic pain following multiple spinal procedures. She reported that her symptoms remained unchanged and were tolerable with her medication regimen. She was able to perform house chores and take care of her family. Objective findings included a normal gait and heel-toe ambulation did not increase her back pain. She had no areas of tenderness or spasm over the lumbosacral spine. Her lumbar spine range of motion was 70% of normal and she had pain with the extremes of motion. Straight leg raise was negative bilaterally. Her sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Her medication regimen included Percocet, Soma, Morphine and Dilaudid since at least 1-7-15. A request for Percocet 10 mg #90, Soma 350 mg #120, Dilaudid 8 mg #90 and Morphine 30 mg #90 for date of service 8-19-15 was submitted on 8-19-15. On 9-2-15 the Utilization Review physician determined Percocet 10 mg #90, Soma 350 mg #120, Dilaudid 8 mg #90 and Morphine 30 mg #90 for date of service 8-19-15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, one by mouth three times per day for pain, #120 (Prescribed 8/19/15): 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: According to the MTUS guidelines, Carisoprodol (Soma) is not recommended. The MTUS guidelines state that this medication is not indicated for long-term use and 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); and (5) as a combination with codeine (referred to as "Soma Coma"). The MTUS guidelines also note that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported. The request for Soma 350mg, one by mouth three times per day for pain, #120 (Prescribed 8/19/15) is not medically necessary.

Dilaudid 8mg, one by mouth three times per day as needed for pain, #90 (Prescribed 8/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, 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. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In addition, the recommended ceiling of morphine equivalent dosage is 120 per the MTUS guidelines and the current MED (morphine equivalent dosage) exceeds the MTUS recommendations. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia.

Neuroendocrine problems include decreased libido, osteoporosis, and depression. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. The medical records note that Utilization Review has previously allowed for weaning of this medication. The request for Dilaudid 8mg, one by mouth three times per day as needed for pain, #90 (Prescribed 8/19/15) is not medically necessary.

Morphine 30mg, one by mouth three times per day as needed for pain, #90 (Prescribed 8/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, 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. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In addition, the recommended ceiling of morphine equivalent dosage is 120 per the MTUS guidelines and the current MED (morphine equivalent dosage) exceeds the MTUS recommendations. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. The medical records noted that Utilization Review has previously allowed for weaning of this medication. The request for Morphine 30mg, one by mouth three times per day as needed for pain, #90 (Prescribed 8/19/15) is not medically necessary.

Percocet 10mg, one by mouth three times per day as needed for pain, #90 (Prescribed 8/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The long-term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. As noted in the MTUS guidelines, 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. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In addition, the recommended ceiling of morphine equivalent dosage is 120 per the MTUS guidelines and the current MED (morphine equivalent dosage) exceeds the MTUS recommendations. Per ODG, risks of adverse effects are documented in the literature at doses as low as 50 MED. Adverse effects include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia. Neuroendocrine problems include decreased libido, osteoporosis, and depression. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. The medical records noted that Utilization Review has previously allowed for weaning of this medication. The request for Percocet 10mg, one by mouth three times per day as needed for pain, #90 (Prescribed 8/19/15) is not medically necessary.