

Case Number:	CM15-0188670		
Date Assigned:	09/30/2015	Date of Injury:	12/01/2006
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
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: New York, West Virginia, Pennsylvania
 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 48-year-old female, with a reported date of injury of 12-01-2006. The diagnoses include cervical disc degeneration, cervical disc disorder, cervical pain, and cervical radiculopathy. Treatments and evaluation to date have included Nuvigil, Cymbalta, Oxycontin (since at least 03-2015), Soma (since at least 03-2015), Voltaren gel (discontinued), home exercise program, acupuncture (ineffective), and a functional restoration program. The diagnostic studies to date have included a urine drug test on 04-28-2015 which was positive for opiates, anti-depressants, and muscle relaxants; a urine drug test on 03-03-2015 which was positive for opiates, anti-depressants, and muscle relaxants; a urine drug test on 08-19-2015 which was positive for opiates, antidepressants, and muscle relaxants. The medical report dated 08-19-2015 indicates that the injured worker had neck pain with radiation of pain to the shoulder and trapezius; lower backache; and right shoulder pain. She rated her pain 3 out of 10 with medication, and 9 out of 10 without medication. On 07-22-2015, the injured worker rated her pain 4 out of 10 with medications and 9 out of 10 without medications. The injured worker did not report any change in location of pain. It was noted that there were not new problems or side effects. Her quality of sleep was indicated as "fair". The injured worker reported that her pain was well-controlled with the medication regimen. She reported that she continued to slowly decrease the Soma, and that she took one per day on good days, when her pain and muscular spasm was less intense, and two with increased muscle spasm. According to the report, the injured worker had electrodiagnostic studies of the right upper extremity on 01-05-2010 with normal findings; an MRI of the right shoulder on 10-21-2008 which showed mild acromioclavicular degenerative changes with anterior down-slope; and intrasubstance tear of the supraspinatus tendon without full-thickness tear; electrodiagnostic studies of the right upper extremity on 04-29-2008 with normal findings; and an

MRI of the cervical spine on 04-10-2007 which showed congenital fusion of C2 and C3 vertebral bodies and trace annular bulge at C4-5. The treating physician noted that the CURES reports dated 08-19-2014, 06-18-2014, and 07-14-2010 were "appropriate". The objective findings include a normal gait; mild distress and moderate pain; restricted cervical spine range of motion with pain; spasms and tenderness of the bilateral cervical paravertebral muscles; tenderness at the paracervical muscles, rhomboids, and trapezius; pain in the muscles of the neck but no radicular symptoms with Spurling's maneuver; restricted right shoulder range of motion; positive Hawkin's test on the right; negative right shoulder crossover test; and tenderness to palpation of the right acromioclavicular joint and supraspinatus and infraspinatus. It was noted that the Oxycontin helped reduce the injured worker's pain from 9-10 out of 10 to 3-4 out of 10, and lasted 24 hours; and she was able to stand longer for 30 minutes versus less than 5 minutes without it. The Soma helped reduced her pain from 9-10 out of 10 to 3-4 out of 10, and lasted 24 hours; and she was able to stand longer for 30 minutes versus 0 minutes without it. The treating physician noted that the injured worker was "stable and has improved quality of life and increased capability for daily activities with medication regimen." The treatment plan included a prescription for Soma, one twice daily as needed, and Oxycontin, one three times a day. The injured work status was noted as permanent and stationary. It was noted that she was currently not working. The request for authorization was dated 08-19-2015. The treating physician requested Soma 350mg #45 (prescribed on 08-19-2015) and Oxycontin 60mg #90 (prescribed on 08-19-2015). On 08-26-2015, Utilization Review (UR) non-certified the request for Soma 350mg #45 (prescribed on 08-19-2015) and Oxycontin 60mg #90 (prescribed on 08-19-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #45, 1 tablet by mouth twice daily as needed (prescribed 8/19/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: Guidelines recommend limiting Soma to 2-3 weeks. In this case, the patient has been prescribed Soma for at least 4 years which exceeds guideline recommendations. The request for Soma 350 mg #45 is not medically necessary and appropriate.

Oxycontin 60mg #90, 1 tablet by mouth three times a day (prescribed 8/19/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment,

average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. In this cases, there have been multiple prior reviews that have recommended weaning and discontinuing Oxycontin due to lack of efficacy. Therefore, the request for OxyContin 60 mg #90 is not medically necessary.