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| Case Number: | CM15-0191076 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 04/09/1996 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/21/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Physical Medicine & Rehabilitation

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 48-year-old female with a date of industrial injury 4-9-1996. The medical records indicated the injured worker (IW) was treated for reflex sympathetic dystrophy; fibromyalgia; and chronic pain. In the progress notes (6-23-15), the IW reported sharp pain in the left foot and leg rated 5 out of 10 and increased headaches. On 7-16-15, she complained of constant back pain rated 7 out of 10. She rated her best pain 6 to 7 out of 10 and worst pain 9 out of 10. Medications included Lioresal solution, Sufenta and Dilaudid solution intrathecal infusion; and Soma (since at least 3-2015), Dilaudid (since at least 3-2015), Imitrex, Diflucan, Zovia and Lasix. The IW's intrathecal pump was interrogated and refilled on 7-16-15. The toxicology screen on 8-11-15 was consistent with medication compliance. On examination (6-23-15 notes), there was diffuse tenderness over the L5-S1 area and the sciatic notches; the surgical scar was well healed and there was a mild rash. Forward flexion of the lumbar spine was 110 degrees and hyperextension was 10 degrees. Supine and seated straight leg raise was positive for back pain only, bilaterally. Strength was decreased in the left lower extremity. Hyperesthesia was present to pinprick and allodynia was present to light touch in the distal left lower extremity. Deep tendon reflexes were 2+ throughout the upper and lower extremities. Clonus was absent. Treatments included chiropractic care, medications and spinal cord stimulator. A Request for Authorization was received for Soma 350mg, #90, toxicology screen and Dilaudid 8mg, #300. The Utilization Review on 9-21-15 non-certified the request for Soma 350mg, #90, toxicology screen and modified the request for Dilaudid 8mg, #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #300: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on progress report dated 06/23/15, the patient presents with back and left foot pain. The request is for Dilaudid 8mg #300. The request for authorization form is not provided. Patient's diagnoses include reflex sympathetic dystrophy; fibromyalgia; unspecified urinary incontinence; chronic pain; obesity. Physical examination of the lumbosacral spine reveals a well healing surgical scar; mild rash and diffuse tenderness. Sciatic notch tenderness is present bilaterally. Straight leg raise is positive bilaterally. Decreased strength left lower extremity. Sensory exam reveals hyperesthesia distal left lower extremities and allodynia distal left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. Patient was counseled as to the benefits of the medication and the potential side effects. A pain management agreement is on file. CURES database is reviewed routinely. Patient's medications include Soma, Dilaudid, Imitrex, Sufenta, Compound Cream, Diflucan, Zovia, and Lasix. The patient's work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss the medication. Review of provided medical records show the patient was prescribed Dilaudid on 03/24/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Dilaudid significantly improves patient's activities of daily living with specific examples. Analgesia is not discussed, specifically showing pain reduction with use of Dilaudid. There is documentation regarding adverse effects and aberrant drug behavior. A UDS dated 08/11/15, CURES and opioid contract are documented. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.

Toxicology screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on progress report dated 06/23/15, the patient presents with back and left foot pain. The request is for toxicology screen. The request for authorization form is not provided. Patient's diagnoses include reflex sympathetic dystrophy; fibromyalgia; unspecified urinary incontinence; chronic pain; obesity. Physical examination of the lumbosacral spine reveals a well healing surgical scar; mild rash and diffuse tenderness. Sciatic notch tenderness is present bilaterally. Straight leg raise is positive bilaterally. Decreased strength left lower extremity. Sensory exam reveals hyperesthesia distal left lower extremities and allodynia distal left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. Patient was counseled as to the benefits of the medication and the potential side effects. A pain management agreement is on file. CURES database is reviewed routinely. Patient's medications include Soma, Dilaudid, Imitrex, Sufenta, Compound Cream, Diflucan, Zovia, and Lasix. The patient's work status is not provided. MTUS pg 43, Drug Testing Section states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC, Pain chapter under Urine Drug Testing states: "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Treater does not discuss the request. In this case, the patient has been prescribed Dilaudid and Sufenta, which are opioid pain medications. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. There is no indication this patient had prior UDS based on provided medical records. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Soma 350mg 3x daily #90: 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), Muscle relaxants (for pain).

Decision rationale: Based on progress report dated 06/23/15, the patient presents with back and left foot pain. The request is for Soma 350mg 3x daily #90. The request for authorization form is not provided. Patient's diagnoses include reflex sympathetic dystrophy; fibromyalgia; unspecified urinary incontinence; chronic pain; obesity. Physical examination of the lumbosacral spine reveals a well healing surgical scar; mild rash and diffuse tenderness. Sciatic notch tenderness is present bilaterally. Straight leg raise is positive bilaterally. Decreased strength left lower extremity. Sensory exam reveals hyperesthesia distal left lower extremities

and allodynia distal left lower extremity. Patient is to continue with conservative treatment to include home exercise program, moist heat, and stretches. Patient was counseled as to the benefits of the medication and the potential side effects. A pain management agreement is on file. CURES database is reviewed routinely. Patient's medications include Soma, Dilaudid, Imitrex, Sufenta, Compound Cream, Diflucan, Zovia, and Lasix. The patient's work status is not provided. MTUS, Muscle Relaxants Section, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Soma on 03/24/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Soma #90 would exceed what is recommended by MTUS, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.