

Case Number:	CM15-0201412		
Date Assigned:	10/16/2015	Date of Injury:	03/26/1987
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 64 year old male who sustained an industrial injury on March 26, 1987. The worker is being treated for: neck, and back pain, major depression, degenerative disc disease, chronic low back pain, cervical and lumbar fusions. Subjective: September 24, 2015 reports benefit from injections to right trapezius and was able to improve range of motion and turn head, which continues upon examination. Still has neck freezing up at times. Tolerating medications well. August 11, 2015 difficulty sleeping and with depressed mood. Objective: September 24, 2105 "continues to have more bad days than good." Marked end range of motion stiffness and tenderness cervical spine. Medications: August 27, 2015, September 24, 2015 using Senna, Miralax, and Colace for bowel function, and Actiq, Oxycodone, OxyContin, Nexium, Soma. August 11, 2105 Lexapro and Cymbalta initiated. July 30, 2015 MS Contin, Oxycodone, Soma, and Hydromorphone. Diagnostic testing: MRI, CT scan, radiography, electrodiagnsotic of upper extremities. Treatment modalities: lumbar spine pedical screw fusion, and cervical fusions, transforaminal injection and epidurals, radiofrequency neurotomy, medications. On September 24, 2015 a request was made for Soma 350mg #90, MS Contin 100mg #30, and Oxycodone 30mg #400 that were noncertified by Utilization Review on September 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #240, release 10/04/2015: 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): Muscle relaxants (for pain).

Decision rationale: The request is for Soma, or carisoprodol, which is an antispasmodic used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In regards to the injured worker, the duration of use has exceeded the recommendations of the MTUS guidelines and the documentation lacks clear reasoning of a medical benefit that would justify the risk of ongoing use. Therefore, the request as submitted is not medically necessary.

MS Contin 100mg #330, release 10/04/2015: 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, dosing, Opioid hyperalgesia.

Decision rationale: The request is for MS Contin 100mg #330, which is a narcotic used for the treatment of severe pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is poor documentation of an improvement in pain with the use of opioids nor is there a clear functional improvement. There is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Furthermore, the MTUS guidelines recommend the maximum dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker is prescribed far greater than 120 morphine equivalents per day. Without clear documentation of a functional improvement with cessation of pain, the medical risk of ongoing use cannot be justified. Furthermore, such high doses without clear functional benefit raises the concern of opioid hyperalgesia, and the treating physician should consider reassessment. Therefore, the request as written is not medically necessary.

Oxycodone 30mg #750, release 10/04/2015: 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, dosing, Opioid hyperalgesia.

Decision rationale: The request is for oxycodone, which is a narcotic used for the treatment of severe pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and 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. The MTUS

guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is poor documentation of an improvement in pain with the use of opioids nor is there a clear functional improvement. There is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Furthermore, the MTUS guidelines recommend the maximum dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker is prescribed far greater than 120 morphine equivalents per day. Without clear documentation of a functional improvement with cessation of pain, the medical risk of ongoing use cannot be justified. Furthermore, such high doses without clear functional benefit raises the concern of opioid hyperalgesia, and the treating physician should consider reassessment. Therefore, the request as written is not medically necessary.