MAXIMUS Federal Services

Case Number:	CM15-0202219		
Date Assigned:	10/20/2015	Date of Injury:	04/09/2012
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female with an industrial injury date of 04-09-2012. Medical record review indicates she is being treated for cervical pain, cervical disc disorder, lumbar facet syndrome, elbow pain, shoulder pain, lateral epicondylitis and hip bursitis. Subjective complaints (09-30-2015) included neck, upper back, mid back, lower back, right shoulder, right arm, right elbow, right wrist, right hand and right hip. She rated her pain with medications as 7.5 out of 10 and without medications 10 out of 10. "Activity level has remained the same." Relieving factors are documented as resting, lying down, medication and heat and ice. She noted that she could sit for 10 minutes at a time and stand for 10-15 minutes at a time. Her current medications included Gabapentin, Cymbalta, Oxycontin (at least since 09-02-2015), Soma (at least since 09-02-2015), Oxycodone (at least since 09-02-2015) Trazodone, Baclofen, Ibuprofen, Lorazepam, Premarin and Zipsor. Prior treatment included surgery for lateral epicondylitis, physical therapy (at least 12 visits) to the cervical spine, TENS, cervical epidural steroid injection, steroid injection to elbow, facet joint injection and medications. Physical exam (09-30-2015) noted a normal gait. Range of motion of the cervical spine was limited by pain. Tenderness was noted at the paracervical muscles, rhomboids, and trapezius and over left anterior neck. Lumbar range of motion was restricted. Lumbar facet loading was positive on both sides. Right shoulder exam noted limited range of motion with positive Hawkins's test and Neer test. The treating physician documented urine drug screen done on 09-01-2015 results was consistent with Percocet and Neurontin, CURES was appropriate and there was a signed opioid contract in chart. On 10-07-2015 utilization review issued the following decision regarding the requested treatments:- Oxycontin 40 mg ER 12 hour - modified to Oxycontin 40 mg ER # 60 to be used every 12 hours-

Oxycodone 15 mg 1 every 4-6 hours - modified to Oxycodone 15 mg # 150-Gabapentin 600 mg # 90 -certified-Soma 350 mg - non-certified

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg: 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).

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. 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." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.

Oxycontin ER 40 mg, every 12 hours: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any 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."Review of the available medical records reveals insufficient documentation to support the medical necessity of Oxycodone ER nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical

necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The injured worker rated neck pain 7/10 and 10/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS dated 9/1/15 was consistent with prescribed medications. CURES report was appropriate. The injured worker has signed an opioid contract. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Oxycodone 15 mg, 1 every 4-6 hours: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any 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." Review of the available medical records reveals insufficient documentation to support the medical necessity of Oxycodone ER nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The injured worker rated neck pain 7/10 and 10/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS dated 9/1/15 was consistent with prescribed medications. CURES report was appropriate. The injured worker has signed an opioid contract. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.