

<b>Case Number:</b>	CM15-0205946		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	09/30/2004
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 52 year old female with an industrial injury dated 09-30-2004. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder pain, cervical disc degeneration and cervical radiculopathy. According to the progress note dated 09-30-2015, the injured worker reported neck pain. Pain level was 6 out of 10 with medications and 9 out of 10 without medications on a visual analog scale (VAS). Documentation (09-30-2015) noted that the pain level is unchanged since last visit and activity level has remained the same. The injured worker reported that the increase in Oxycontin is "somewhat helpful." Current Medications include Norco, Soma (since at least June of 2015), Oxycontin (since at least June of 2015), Centrum, Citalopram, Duloxetine, and Glucosamine. Objective findings (06-10-2015, 07-08-2015, 07-15-2015, 08-03-2015, 09-30-2015) revealed restricted cervical range of motion, hypertonicity, spasms, tenderness, tight muscle band and trigger points of the bilateral cervical paravertebral muscles. Right shoulder exam revealed limited range of motion and tenderness to palpitation in the acromioclavicular joint (AC). Treatment has included diagnostic studies, prescribed medications, cervical epidural steroid injection (ESI) on 09-09-2014 with no relief and periodic follow up visits. The treating physician reported (09-30-2015) that the last urine drug screen was inconsistent for Oxycontin and Morphine. The treating physician also reported that the CURES report was consistent. The utilization review dated 10-07-2015, non-certified the request for Oxycontin 30mg quantity 60 and Soma 350mg quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 30mg quantity 60:** Upheld

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

**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 oxycontin 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, appropriate medication use, or side effects. 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. Per progress report dated 9/30/15, it was noted that the injured worker reported pain 6/10 with medications and 9/10 without medications. Activity level remained the same. 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 was reportedly inconsistent. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Soma 350mg quantity 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).

**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.

