

Case Number:	CM15-0207805		
Date Assigned:	10/26/2015	Date of Injury:	04/09/1996
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old female, who sustained an industrial injury on 4-9-1996. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post-laminectomy syndrome, lower Complex Regional Pain Syndrome (CRPS), anxiety disorder, neck pain-cervicalgia, chronic pain syndrome, and lumbar radiculopathy. On 9-4-2015, the injured worker reported increased discomfort in the low back radiating down both legs with average level of pain with medications 8 out of 10. The Primary Treating Physician's report dated 9-4-2015, noted the injured worker's current pain management regimen allowed the injured worker to perform her activities of daily living (ADLs), requesting a pain shot secondary to increased pain levels. The injured worker's current medications were noted to include Opana ER, Oxycodone, Soma, Xanax, Cymbalta, Prednisone, Colace, Senna, Rituxan, and topical cream. The physical examination was noted to show lumbar spine range of motion (ROM) limited with stiffness, tenderness over the lumbar spinous processes, decreased strength in bilateral lower extremities, and decreased sensation along the bilateral anterior thighs and knees. A urine drug screen (UDS) dated 7-10-2015 was noted to be consistent, and a CURES on 7-9-2015 was noted to be inconsistent as the injured worker received #60 Oxycodone 30mg from another Physician on 5-26-2015. Prior treatments have included physical therapy, lumbar surgeries, and spinal cord stimulator (SCS) implant-explant. The treatment plan was noted to include medication refills including Oxycodone, Opana ER, and Soma, all prescribed since at least 11-26-2014, and Xanax. The request for authorization was noted to have requested Xanax 1mg #60, Soma 350mg #90, Opana ER 30mg #90, and Oxycodone IR 30mg #180. The Utilization Review (UR) dated 9-25-2015, certified the request for Xanax 1mg #60, modified the requests for Soma 350mg #90 to certify #72 with the remaining #18 non-certified and Opana ER 30mg #90 to certify #67 with the remaining 23 non-certified, and non-certified the request for Oxycodone IR 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30 MG #180: 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 for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in April 1996 and is being treated for chronic pain including a diagnosis of lumbar post-laminectomy syndrome. She underwent a lumbar fusion with revision done in 2007. A spinal cord stimulator was used with subsequent explanation. When seen, she was having worsening low back pain radiating into the lower extremities. Pain was rated at 9/10. Medications and rest were helping with activities of daily living. Physical examination findings included a body mass index over 30. There was a slow and careful gait. There was decreased spinal range of motion. There was decreased lower extremity strength and sensation. Significant muscle spasms were present. A Dilaudid injection was administered. Medications were refilled including Oxycodone and Opana ER at a total MED (morphine equivalent dose) of 390 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than three times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, specific examples of an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Oxycodone at this dose is not medically necessary.

Opana ER 30 MG #90: 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 for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in April 1996 and is being treated for chronic pain including a diagnosis of lumbar post-laminectomy syndrome. She underwent a lumbar fusion with revision done in 2007. A spinal cord stimulator was used with subsequent explanation. When seen, she was having worsening low back pain radiating into the lower extremities. Pain was rated at 9/10. Medications and rest were helping with activities of daily living. Physical examination findings included a body mass index over 30. There was a slow and careful gait. There was decreased spinal range of motion. There was decreased lower extremity strength and sensation. Significant muscle spasms were present. A Dilaudid injection was administered. Medications were refilled including Oxycodone and Opana ER at a total MED (morphine equivalent dose) of 390 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than three times that recommended. There are no unique features of

this case that would support dosing at this level and there is no documentation that this medication is providing decreased pain, specific examples of an increased level of function, or improved quality of life. Weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of Opana ER at this dose is not medically necessary.

Soma 350 MG #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: The claimant has a remote history of a work injury in April 1996 and is being treated for chronic pain including a diagnosis of lumbar post-laminectomy syndrome. She underwent a lumbar fusion with revision done in 2007. A spinal cord stimulator was used with subsequent explanation. When seen, she was having worsening low back pain radiating into the lower extremities. Pain was rated at 9/10. Medications and rest were helping with activities of daily living. Physical examination findings included a body mass index over 30. There was a slow and careful gait. There was decreased spinal range of motion. There was decreased lower extremity strength and sensation. Significant muscle spasms were present. A Dilaudid injection was administered. Medications were refilled including Oxycodone and Opana ER at a total MED (morphine equivalent dose) of 390 mg per day. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. There continue to be severe spasms. Prescribing Soma is not medically necessary.