

Case Number:	CM15-0047045		
Date Assigned:	03/19/2015	Date of Injury:	02/17/2003
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 53-year-old female, who sustained an industrial injury on 2/17/2003. The medical records submitted for this review did not include details of the initial injury or a complete list of prior failed conservative treatments. The diagnoses have included status post lumbar fusion 2007 and 2014, lumbago, lower leg joint pain, thoracic/lumbar neuritis. Currently, the IW complains of moderate low back pain rated 5/10 VAS. The physical examination from 2/10/15 documented tenderness of lumbar spine and decreased Range of Motion (ROM). The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxers Page(s): 63.

Decision rationale: SOMA is a muscle relaxer and is recommended as a second-line option for short-term treatment of acute exacerbations in patients with low back pain (LBP). Muscle relaxers as a class may be effective in reducing pain and muscle tension and increasing mobility. They possess no benefit beyond NSAIDs in most patients or in combination with NSAIDs. Efficacy of muscle relaxers such as SOMA diminishes over time, supporting the recommended short-term usage. Prolonged use can lead to dependence. Continued or long-term use as in this case is not recommended and is not medically necessary.

Oxycodone Tab 30mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 74, 43, 80, 86, 91. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81.

Decision rationale: Oxycodone is not recommended as a first-line therapy. Opioids are suggested for use in neuropathic pain that has not responded to first-line agents such as antidepressants and anticonvulsants. There are no trials of long-term use of opioids. There are no studies for treatment of chronic nerve root pain with resultant neuropathy. There is no evidence that taking two opioids simultaneously is efficacious or recommended. In this patient, she is taking Oxycodone, Oxycontin and SOMA simultaneously, which can be a dangerous combination easily resulting in overdose and/or death. Addiction is also a serious problem with the long-term use of these medications. There is no evidence that Oxycodone is medically necessary, particularly in the absence of first-line agents and non-medication modalities such as home exercise.

Oxycontin 40mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 74, 43, 80, 86, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

Decision rationale: The use of Oxycontin does not meet the established criteria for the use of long-term opioids, i.e.; 1) a change in diagnosis; 2) other treatments effectiveness; 3) what other medications the patient is taking; 4) documentation of improvement of pain and function; 5) documentation of adverse effects; 6) consideration for a psychological consult; 7) indications for abuse screening. None of these criteria are met in this patient, therefore the request of Oxycontin is not medically necessary. The combination of Oxycodone, SOMA and Oxycontin is particularly problematic, given the possibility of drug interaction, respiratory depression and death.