

Case Number:	CM15-0059151		
Date Assigned:	04/03/2015	Date of Injury:	04/13/1994
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/28/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 78 year old female, who sustained an industrial injury on 4/13/94. The diagnoses have included cervical radiculopathy, cervical spondylosis and post laminectomy pain syndrome. Surgeries included anterior cervical fusion and cervical retrolisthesis. Treatment to date has included medications, surgery, physical therapy, acupuncture, activity modifications, diagnostics and Epidural Steroid Injection (ESI). The current medications included Oxycodone, Soma and Gabapentin. Currently, as per the physician progress note dated 2/19/15, the injured worker complains of neck pain with radiation into bilateral upper extremities and hands described as throbbing, aching and shooting. There was also associated weakness in hands and numbness in the bilateral upper extremities. The physical exam of the cervical spine revealed limited range of motion with pain; foraminal closure reproduces axial neck pain and radiation down the C6 and C6 distributions, and tenderness to palpation of the bilateral cervical spine. It was noted that she had cervical Epidural Steroid Injection (ESI) on 7/1/14 with 60-80 percent relief for 6-8 weeks. It was also noted that she continues to get significant analgesia and functional benefit from the medications. The physician requested treatment/ treatments include/ included Oxycodone 10mg #90 and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. 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. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Oxycodone. There is no clear justification for the need to continue the use of Oxycodone. Therefore, the prescription of Oxycodone 10mg #90 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or exacerbation of neck pain and without any evidence of functional improvement. There is no justification for prolonged use of Soma. The request for Soma 350 mg #90 is not medically necessary.