MAXIMUS Federal Services

Case Number:	CM15-0086430		
Date Assigned:	05/08/2015	Date of Injury:	12/15/1999
Decision Date:	07/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 12/15/1999. He reported a traumatic motor vehicle accident when another truck had become airborne, landing on top of the vehicle he was in. There were multiple injuries to the neck, bilateral shoulder and upper back. He ultimately underwent a cervical fusion and revisions. Diagnoses include degenerative disc disease, chronic pain, status post multiple cervical surgical interventions. Treatments to date documented included Neurontin 800mg three times daily, Soma 350 mg three times daily, Fentanyl patch two topically every 72 hours, Percocet 10/325mg two tablets three times daily as needed and Lactulose 40cc daily. Currently, he complained of neck pain. On 3/13/15, the physical examination documented cervical tenderness and ambulation with a cane. The plan of care included to continue with previously prescribed medications including Soma 350mg quantity #90 and Fentanyl patch 75mcg/hour, quantity #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle Relaxants Page(s): 29, 63-66.

Decision rationale: Based on the 3/13/15 progress report provided by the treating physician, this patient presents with neck pain and interscapular pain. The treater has asked for SOMA 350MG QUANTITY 90 on 3/13/15. The request for authorization was not included in provided reports. The patient is s/p ACDF of unspecified level and unspecified date. The patient's treatment history is not provided in review of reports dated 7/22/14 to 3/13/15. The patient is currently ambulating with a cane per 1/61/15 report. The patient has decreased range of motion of his upper extremities, and cervical tenderness per 3/13/15 report. The patient's work status is not included in the provided documentation. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects.The treater does not discuss this request in the reports provided. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient is prescribed Soma since at least 4/30/12 per utilization review letter dated 4/9/15. Furthermore, the request for additional Soma quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Fentanyl 75mcg/hr quantity 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the 3/13/15 progress report provided by the treating physician, this patient presents with neck pain and interscapular pain. The treater has asked for FENTANYL 75MCG/HR QUANTITY 20 on 3/13/15. The request for authorization was not included in provided reports. The patient is s/p ACDF of unspecified level and unspecified date. The patient's treatment history is not provided in review of reports dated 7/22/14 to 3/13/15. The patient is currently ambulating with a cane per 1/61/15 report. The patient has decreased range of motion of his upper extremities, and cervical tenderness per 3/13/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, the patient has been using the Fentanyl patch since at least 9/28/12 report, at which date the patient initating weaning per utilization review letter dated 4/9/15. The physician, however, does not use a numerical scale to show decrease in pain nor does the treater provide specific examples that indicate increase in function. No CURES and UDS reports are available

for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request is not medically necessary.

Percocet 10/325mg quantity 168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the 3/13/15 progress report provided by the treating physician, this patient presents with neck pain and interscapular pain. The treater has asked for PERCOCET 10/325MG #168 on 3/13/15. The request for authorization was not included in provided reports. The patient is s/p ACDF of unspecified level and unspecified date. The patient's treatment history is not provided in review of reports dated 7/22/14 to 3/13/15. The patient is currently ambulating with a cane per 1/61/15 report. The patient has decreased range of motion of his upper extremities, and cervical tenderness per 3/13/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, the patient has been taking Percocet since at least 4/30/12 report, and began weaning after a trial of 3 months per utilization review letter dated 4/9/15. The physician, however, does not use a numerical scale to show decrease in pain nor does the treater provide specific examples that indicate increase in function. No CURES and UDS reports are available for review. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. Hence, the request is not medically necessary.

Lactulose 30cc quantity 1000 cc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological Therapy; University of Iowa Gerontological Nursing Interventions Research Center.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines constipation Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter, Opioid-induced constipation treatment.

Decision rationale: Based on the 3/13/15 progress report provided by the treating physician, this patient presents with neck pain and interscapular pain. The treater has asked for LACTULOSE 30CC QUANTITY 1000CC on 3/13/15. The request for authorization was not included in provided reports. The patient is s/p ACDF of unspecified level and unspecified date. The patient's treatment history is not provided in review of reports dated 7/22/14 to 3/13/15. The

patient is currently ambulating with a cane per 1/61/15 report. The patient has decreased range of motion of his upper extremities, and cervical tenderness per 3/13/15 report. The patient's work status is not included in the provided documentation. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use."The treater does not discuss this request in the reports provided. Review of reports show patient has not had prior use of Lactulose. MTUS recognizes constipation as a common side effect of chronic opiate use. However, there is no recent documentation of constipation per review of reports. Furthermore, the current request for opiates has not been authorized. Therefore, the request is not medically necessary.