

Case Number:	CM15-0088416		
Date Assigned:	05/12/2015	Date of Injury:	09/11/2009
Decision Date:	06/19/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal 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 59 year old female, who sustained an industrial injury on 9/11/2009. She reported low back pain. The injured worker was diagnosed as having chronic low back pain status post fusion; status post left knee 2nd revision arthroplasty, lumbar radiculopathy, and lumbar degenerative disc disease. Treatment to date has included medications, x-rays, home exercise program, and epidural steroid injections. The request is for Oxycontin, Robaxin, and Soma. The records indicate she has been utilizing Robaxin and Oxycontin since at least 2012. On 4/16/2015, she complained of chronic low back pain with radiation down both legs to the feet, and associated numbness on the thighs, and tingling on the bottom of her right foot. She also reported left knee pain, left ankle and foot pain. She reported taking Oxycontin 3 times daily and Oxycodone 6 tablets daily for breakthrough, and that this was beneficial in taking her pain from 10/10 to a 5-6/10. She indicated that Robaxin helps in controlling muscle spasms, and only takes Soma for severe spasms. The treatment plan included: urine drug screening, Oxycontin, Oxycodone, Lyrica, Robaxin, Soma, Ibuprofen, and Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page 92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. 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 nonadherent) 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). Oxycontin is indicated for the management of moderate to severe pain. The progress report dated 4/16/2015 documented MRI magnetic resonance imaging dated 3/19/15 documented findings of anterior interbody fusion at L4-5. Evidence of moderate central stenosis at L3-4 secondary to degenerative disc disease and hypertrophy facets. Diagnoses were chronic low back pain status post anterior fusion status post left knee second revision arthroplasty, lumbar radiculopathy, and lumbar degenerative disc disease. Medical records document objective evidence of pathology. Analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Oxycontin is indicated for the management of moderate to severe pain. The medical records provide support for the use of Oxycontin. The request for Oxycontin is supported by the medical records and MTUS and FDA guidelines. Therefore, the request for Oxycontin 30 mg #90 is medically necessary.

Robaxin 750 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin <http://www.drugs.com/pro/robaxin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not

be the primary drug class of choice for musculoskeletal conditions. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. FDA Prescribing Information document that Robaxin is indicated for acute musculoskeletal conditions. Medical records indicate the long-term use of Robaxin for chronic conditions. MTUS and FDA guidelines do not support the long term use of Robaxin for chronic conditions. Medical records document the use of NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. Therefore, the request for Robaxin is not medically necessary.

Soma 350 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page 29. Muscle relaxants Page 63-65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Medical records indicate the long-term use of Soma (Carisoprodol), which is not supported by MTUS guidelines. Medical records indicate the long-term use of muscle relaxants for chronic conditions. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma (Carisoprodol) is not medically necessary.