

Case Number:	CM14-0145971		
Date Assigned:	09/12/2014	Date of Injury:	03/28/2005
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old male who reported an injury on 03/08/2005 due to an unspecified cause of injury. The injured worker complained of lower back pain, right leg pain, and right hip pain. The diagnoses included status post lumbar fusion, status post right arm amputation for osteosarcoma, chronic lower back pain, lower lumbar radiculitis, right sacroiliac joint pain, and opioid intolerance. The diagnostics included an MRI dated 10/31/2013 of the lumbar spine that revealed status post lower lumbar hardware removal; no evidence of central canal stenosis. The physical assessment dated 07/29/2014 revealed a surgical scar, tenderness to palpation at the axial level, pain with extension and rotation of the range of motion, no pelvic tilt, exquisite tightness to the sacroiliac joint upon palpation, upper extremities with a mid-right forearm amputation, tenderness noted to the amputation site, motor within normal limits, and hypersensitivity to the right arm amputation. The medications included Lyrica, Norco, oxycodone, OxyContin, Soma, and Xanax. Past treatments were unavailable. Surgeries included a status post lumbar fusion, a sacroiliac joint fusion, and hardware removal at the L3, L4, L5, and S1. The treatment plan included a refill of medications. The Request for Authorization dated 09/12/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg ER #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Ongoing Management, Page(s): page 75, 78.

Decision rationale: The California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day. The injured worker is taking up to 375 mg a day of morphine equivalents, which exceeds the guidelines. The request did not indicate the frequency. As such, the request is not medically necessary.

Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Ongoing Management, Page(s): page 75, 78.

Decision rationale: The California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day. The injured worker is taking up to 375 mg a day of morphine equivalents, which exceeds the guidelines. The request did not indicate the frequency. As such, the request is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page(s): 29, 65.

Decision rationale: The California MTUS Guidelines state that Soma is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation. Treatment and anxiety abuse has been noted for sedative relaxant effects. Carisoprodol abuse has been noted in order to alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, ataxia with an abrupt discontinuation of large doses occur. Tapering should be individualized for each patient. The guidelines indicate for short term use, the documentation indicated that the injured worker was

prescribed the Soma on 04/15/2014, exceeding the 2 to 3 week guidelines. The request did not address the frequency. As such, the request is not medically necessary.

Xanax 1mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use and most guidelines limit use to 4 weeks. The documentation indicated that the injured worker had been taking the Xanax greater than 4 weeks with the documentation notes that he was taking the Xanax as of 04/15/2014, exceeding the guidelines. The request did not indicate a frequency. As such, the request is not medically necessary.