

Case Number:	CM15-0013778		
Date Assigned:	02/02/2015	Date of Injury:	02/11/2000
Decision Date:	03/23/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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, Indiana, New York
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:

This 56 year old male sustained a work related injury on 02/11/2000. A progress report dated back to 02/19/2014 indicated that the injured worker's medication regiment included Soma, Klonopin and Oxycodone. According to a progress report dated 12/09/2014, the injured worker complained of continued pain in the wrists. Pain was severe at times. Medications helped allow him to do things. There were no side effects or aberrant behavior. He also presented with hand pain. Pain was rated 5 on a scale of 1-10 with the medication and 7 without the medications. The injured worker could not perform any house or yard worker, was unable to drive and needed assistance with self-care. He complained of insomnia, anxiety and depression. The injured worker was permanently disabled. On 12/31/2014, Utilization Review modified Colace 250mg #60; 3 refills, Klonopin 2mg #45 and 3 refills of #90, Oxycodone 30mg #240mg and Soma 350mg #45 with 3 refills of #90. California MTUS Chronic Pain Medical Treatment Guidelines were cited. According to the Utilization Review physician, in regards to Colace, since the prescribed opioids are being recommended for weaning over the course of one month, refills will not be necessary once opioids are discontinued. In regards to Klonopin, most guidelines including the Official Disability Guidelines limit use to 4 weeks. In regards to Oxycodone, documentation identified a two point decrease in pain with the use of this medication, which was not a significant decrease in pain. Additionally the injured worker was unable to perform any house or yard work, unable to drive and needed assistance with self-care. In regard to Soma, the request was for four months and thus exceeds the recommended use of two weeks. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=colace>

Decision rationale: Pursuant to Medline plus, Colace 250 mg #60 with three refills is not medically necessary. Stool softener is a use of a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids and other problems. For additional details see the attached link. In this case, the injured worker's working diagnosis in the December 9, 2014 progress note is pain wrist/forearm. Subjectively, the injured worker complains of continued pain in the wrist. Pain is severe at times. Medications help and allow him to do things. The documentation indicates Colace was first prescribed March 18, 2014. The documentation indicates the injured worker complaints of constipation but denies nausea and vomiting. The documentation does not contain evidence of objective functional improvement with Colace to gauge its efficacy. Additionally, the documentation does not state whether the injured worker suffers with constipation preinjury or whether the constipation is a consequence of using opiates. Consequently, absent clinical documentation with objective functional improvement of continued Colace use, Colace 250 mg #60 with three refills is not medically necessary.

Klonopin 2mg #45 and 3 refills of #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Klonopin 2 mg #45 with three refills #90 pills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis in the December 9, 2014 progress note is pain wrist/forearm. Subjectively, the injured worker complains of continued pain in the wrist. Pain is severe at times. Medications help and allow him to do things. The documentation indicates Klonopin was refilled in the February 19, 2014 progress note. The start date is unclear. The documentation did not contain evidence of

objective functional improvement. The clinical indication for Klonopin is unclear. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Klonopin, Klonopin 2 mg #45 with three refills quantity #90 pills is not medically necessary.

Oxycodone 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 30 mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker complains of continued pain in the wrist. Pain is severe at times. Medications help and allow him to do things. The documentation in the medical record indicates the treating physician prescribed Oxycodone 30 mg as far back as February 19, 2014. Oxycodone was refilled at that time. The exact start date is unclear from the documentation. The documentation does not contain evidence of objective functional improvement with ongoing Oxycodone. Consequently, absent clinical documentation with evidence of objective functional improvement associated with long-term use of Oxycodone, Oxycodone 30 mg #240 is not medically necessary.

Soma 350mg #45 with 3 refills of #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #45 with #3 refills quantity #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker complains of continued pain in the wrist. Pain is severe at times. Medications help and allow him to do things. The documentation in the medical record indicates the injured worker was taking soma as far back as February 19, 2014. This was in the form of a refill on that date. Soma is indicated for short-term use (less than two weeks) treatment of acute low back pain and short-term treatment of patients with an acute exacerbation in chronic low back pain. The injured worker did not have complaints of low back

pain. Additionally, the injured worker was using Soma greater than one year in excess of the recommended guidelines (less than two weeks). Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines (short-term, less than two weeks), Soma 350 mg #45 with #3 refills with quantity #90 is not medically necessary.