

Case Number:	CM15-0110601		
Date Assigned:	06/18/2015	Date of Injury:	05/24/2002
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania
 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 52 year old female sustained an industrial injury to the right shoulder on 5/24/02. Previous treatment and evaluation included magnetic resonance imaging, physical therapy, home exercise, and medications. Avinza (morphine), zanaflex, roxicodone (oxycodone), and soma were prescribed since October 2014. Urine drug screens from February 2014 and February 2015 were noted to be consistent. A signed narcotics agreement was noted to be on file. The injured worker had a history of renal papillary necrosis and the physician noted that the injured worker is unable to take non-steroidal anti-inflammatory medications (NSAIDS) due to kidney disease. The physician also noted that she cannot take tylenol due to Stephens-Johnson Syndrome (SJS). The injured worker required clearance from her nephrologists for new medications. Soma had been cleared for use by her nephrologists. The physician noted that medications decrease her pain to a tolerable level and optimize her function in activities of daily living and allow her to return to work. Work status was noted as modified duty with restrictions. An Agreed Medical Examination in April 2015 notes that the injured worker was not working since August 2014. In a PR-2 dated 5/8/15, the injured worker complained of pain to the right shoulder rated 7/10 on the visual analog scale. The injured worker reported that her quality of sleep was good and that her activity level had decreased. The injured worker was scheduled for surgical repair of some broken bones in the foot and ankle sustained in a recent fall on 5/15/15. Physical exam was remarkable for cervical spine with hypertonicity and tenderness to palpation to the paraspinal musculature and restricted range of motion, right shoulder with restricted range of motion due to pain with positive Hawkin's test and left shoulder with restricted range of motion due to pain.

Current diagnoses included shoulder pain. The treatment plan included continuing medications (Soma, Lidoderm, Nortriptyline and Zanaflex), discontinuing Avinza, a trial of Morphine Sulfate ER and increasing Roxicodone dosage. On 6/4/15, Utilization Review noncertified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (unknown dose and quantity): 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 (soma) p. 29, muscle relaxants p. 63-66 Page(s): 29, 63-66.

Decision rationale: This injured worker has chronic shoulder pain. Soma has been prescribed for at least seven months. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months. Although medications as a group were noted to result in improved activities of daily living and improvement in pain, no reports show any specific and significant improvements in pain or function as a result of Soma. It was noted that the injured worker had returned to part time work for a period of time, but some of the submitted documentation indicates that she was not currently working. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. The treating physician has prescribed two muscle relaxants, soma and zanaflex, which is duplicative and potentially toxic. The requested prescription is for an unstated quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As soma is not recommended by the guidelines for chronic pain, and due to potential for toxicity and unstated quantity requested, the request for soma is not medically necessary.

Lidoderm (unknown dose and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) p. 57, topical analgesics p. 111-113 Page(s): 57, 111-113.

Decision rationale: Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. Topical

lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. The requested prescription is for an unstated quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. For these reasons, the request for lidoderm is not medically necessary.

Morphine sulfate ER (extended release) 60mg, (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic shoulder pain. Opioids, including forms of morphine and oxycodone, have been prescribed for at least seven months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. An opioid contract was noted and urine drug screens were discussed. There was no discussion of functional goals. Although medications as a group were noted to result in improved activities of daily living and improvement in pain, no reports show any specific and significant improvements in pain or function as a result of morphine. It was noted that the injured worker had returned to part time work for a period of time, but some of the submitted documentation indicates that she was not currently working. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The requested prescription is for an unstated quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As currently prescribed, morphine sulfate ER does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Zanaflex (unknown dose and quantity): 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 muscle relaxants Page(s): 63-66.

Decision rationale: This injured worker has chronic shoulder pain. Zanaflex has been prescribed for at least 7 months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Although medications as a group were noted to result in improved activities of daily living and improvement in pain, no reports show any specific and significant improvements in pain or function as a result of zanaflex. It was noted that the injured worker had returned to part time work for a period of time, but some of the submitted documentation indicates that she was not currently working. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. This injured worker was noted to have kidney disease. The treating physician has prescribed two muscle relaxants, soma and zanaflex, which is duplicative and potentially toxic. The requested prescription is for an unstated quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Due to length of use in excess of the guideline recommendations, unspecified quantity requested, and potential for toxicity, the request for zanaflex is not medically necessary.

Roxicodone (unknown dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic shoulder pain. Opioids, including forms of morphine and oxycodone, have been prescribed for at least seven months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. An opioid contract was noted and urine drug screens were discussed. There was no discussion of functional goals. Although medications as a group were noted to result in improved activities of daily living and improvement in pain, no reports show any specific and significant improvements in pain or function as a result of morphine. It was noted that the injured worker had returned to part time work for a period of time, but some of the submitted documentation indicates that she was not currently working. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The requested prescription is for an unstated quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. As currently prescribed, Roxicodone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.