

Case Number:	CM15-0116873		
Date Assigned:	06/25/2015	Date of Injury:	01/20/2005
Decision Date:	08/05/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Emergency 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 1/20/2005. The current diagnoses are cervical spine disease, progressive degenerative disc disease of the cervical spine, accelerated arthritis, reactive soft tissue disease, status post cervical spine surgery, and situational depression. According to the progress report dated 4/20/2015, the injured worker reports no significant changes from her last visit. Her pain is rated 9-10/10 on a subjective pain scale. When she takes her medications as prescribed, it lowers her pain to 3-4/10. Per notes, the medication regimen makes it possible for her to perform her activities of daily living and other functional activities. The physical examination of the cervical spine reveals straightening of the normal curvature with severe myofascitis in the paravertebral muscles from the occipital region to the trapezius into the scapula. There was severe, decreased range of motion secondary to pain, anterior and posterior, which radiated into the occiput and down the upper extremities bilaterally. Examination of the upper extremities reveals pain with manipulation of both shoulders, but no obvious sensory or motor deficits. The current medications are Fentanyl patch, Oxycodone, Ambien, Elavil, and Soma. Urine drug screens show no signs of non-compliance. Treatment to date has included medication management, MRI studies, physical therapy, massage, acupuncture, TENS unit, epidural steroid injection, seven left shoulder and neck cortisone trigger point injections, and surgical intervention. A request for Fentanyl, Oxycodone, Ambien, and Soma has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 25 mcg/hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids: On-going management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of opioid use. In March of 2014, the IW increased from one 12.5 microgram patches to two of these patches every 2 days. She was then changed to one 25 microgram patch every 3 days. A note dated on November 10, 2014 states the IW had better pain relief and did not require soma and oxycodone with the 12.5 microgram patches. The IW stated with the 25 microgram patches, she continued need for soma and Oxycodone. The goal of treatment is to decrease medication reliance while improving pain relief and function. As the IW declared decrease efficacy of the 25 microgram patches, their continued use is not recommended. Therefore, based on MTUS guidelines and submitted medical records, the request for Fentanyl patch is not medically necessary.

Oxycodone 5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids: On-going management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, there is no documentation of functional benefit or improvement as a reduction in work restrictions. The IW continues with restrictions and relates the same level of pain. There is no reduction in the use of medications as a result of opioid use. There is documentation to support the decreased need for oxycodone when a higher dose patch of Fentanyl is utilized. There are no urine drug screens submitted for review. Ongoing, random drug screens are recommended as part of an ongoing opiate monitoring system. Finally, the request does not include dosing and frequency. Based on MTUS guidelines and submitted medical records, the request for Oxycodone is not medically necessary.

Ambien 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mosby's drug consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines is silent on this topic. According to the Official Disability Guidelines, Zolpidem is a prescription "short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." In this case, the submitted medical records failed to provide documentation regarding sleep history or diagnosis that would support the use of Ambien. Submitted records support the IW has been on this medication for a minimum of 9 months which greatly exceeds the recommendations. Finally, the request does not include dosing or frequency. Therefore, based on the Official Disability Guidelines and submitted medical records, the request for Ambien is determined not medically necessary.

Soma 350 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carisoprodol/soma.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicates that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant. Additionally, muscle relaxants are only recommended for short term use of no longer than 2-3 week period. In this case, the records indicate that the patient was treated from 11/6/2013 through 4/20/2015 with Carisoprodol (Soma) and no documentation of effectiveness of spasms was noted. This greatly exceeds recommendations. Additionally, the request does not include dosing or frequency of these medications. Therefore, based on MTUS guidelines and submitted medical records, the request for Soma is not medically necessary.