MAXIMUS Federal Services

Case Number:	CM15-0123556		
Date Assigned:	07/15/2015	Date of Injury:	02/29/2000
Decision Date:	09/11/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 2/29/2000. The mechanism of injury was not described. The current diagnoses are chronic pain syndrome with evidence of neuropathic pain in the upper extremities, status post right shoulder surgery, status post C3-C4 and C4-C5 anterior cervical discectomy and fusion (2005), status post carpal tunnel release, gastritis medicamentosa, lower back and lower extremity pain, and chronic craniocervical headaches. According to the progress report dated 6/1/2015, the injured worker complains of chronic pain over the cervical and lumbar spine. His neck pain radiates into both shoulders and down both arms associated with burning, electrical pain in bilateral upper extremities. His low back pain radiates down the right leg. In addition, he continues to have headaches, vision changes, persistent insomnia, and severe muscles spasms over the right neck and upper back area. His symptoms are unchanged. On a subjective pain scale, he rates his pain 7/10 with medications and 10/10 without. He does note improvement in pain and function with his current medication regimen. The physical examination of the cervical spine reveals severe tenderness to palpation over the right rhomboid, levator scapulae, and scapularis with 2+ muscle spasms. There were three separate, taut trigger bands noted. He has ongoing tenderness over the bilateral cervical paraspinous region from C3- T1. He has global weakness in the bilateral upper extremities, with severely restricted range of motion of both shoulders. Examination of the lumbar spine reveals tenderness to palpation over the bilateral lumbosacral region, positive spasms, weakness in the right lower extremity, decreased range of motion, and positive straight leg raise test bilaterally. The current medications are OxyContin, Oxycodone IR, Dilaudid, Prozac, Soma, Ambien, Xanax, and Lidoderm patches. Urine drug screen from 2/11/2015 was inconsistent with prescribed medications. There is documentation of ongoing

treatment with these medications since at least 12/15/2014. Treatment to date has included medication management, trigger point injections, psychological clearance, spinal cord stimulator (2014), and surgical intervention. Per the PR-2 on 3/23/2015, the injured worker is not working. A request for OxyContin, Oxycodone IR, Soma, Zolpidem, Xanax, and Dilaudid has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Upheld

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

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

Decision rationale: The CA 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." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. Although recent progress reports indicated an improvement in activities of daily living, there are no quantifiable objective findings to indicate such functional improvement. Therefore, based on CA MTUS guidelines and submitted medical records, the request for OxyContin is not medically necessary.

Oxycodone IR 5mg #180: Upheld

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

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

Decision rationale: The CA 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." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. Although recent progress reports indicated an improvement in activities of daily living, there are no quantifiable objective findings to indicate such functional improvement. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Oxycodone IR is not medically necessary.

Soma 350mg #90: Upheld

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

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

Decision rationale: Per CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a commonly prescribed, centrally acting skeletal muscle relaxant. This medication is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, the guidelines do not support this medication for long-term use. With Soma, there is documentation of ongoing treatment since at least 12/15/2014, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based

on CA MTUS guidelines and submitted medical records, the request for Soma is not medically necessary.

Zolpidem 10mg #30: Upheld

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

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 CA MTUS guidelines are silent regarding the use of Ambien, According to the Official Disability Guidelines; Ambien (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. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the guidelines recommend Ambien for short-term (7-10 days) treatment of insomnia. With Ambien, there is documentation of ongoing treatment since at least 12/15/2014, and continuation for any amount of time does not comply with the recommended guidelines. In addition, the submitted medical records failed to provide documentation regarding sleep history, hygiene, and/or diagnosis that would support the use of a hypnotic (Ambien). Therefore, based on Official Disability Guidelines and submitted medical records, the request for Ambien is not medically necessary.

Xanax 0.5mg #90: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guideline, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the guidelines do not recommend benzodiazepines long-term use. Most guidelines limit use up to 4 weeks. With Xanax, there is documentation of ongoing treatment since at least 12/15/2014, and

continuation for any amount of time does not comply with the recommended guidelines. In addition, the submitted medical records failed to provide documentation regarding anxiety history and/or diagnosis that would support the use of a benzodiazepine. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Xanax is not medically necessary.

Dilaudid 4mg #30: Upheld

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

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

Decision rationale: The CA 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." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the submitted medical records failed to provide ongoing monitoring of the 4 A's, which include detailed pain levels (baseline, average, least, and worst). These are necessary to meet the CA MTUS guidelines. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. Although recent progress reports indicated an improvement in activities of daily living, there are no quantifiable objective findings to indicate such functional improvement. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Dilaudid is not medically necessary.