

Case Number:	CM15-0175559		
Date Assigned:	09/16/2015	Date of Injury:	06/01/2005
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 6-1-2005. The injured worker was diagnosed as having post-lumbar laminectomy syndrome, lumbar-lumbosacral disc degeneration, pain disorder associated with psychological factors and chronic medical condition, mood disorder, chronic low back pain. The request for authorization is for: 60 tablets of Soma 350mg; 120 tablets of Norco 10-325mg; and 60 tablets of Oxycontin 20mg. The UR dated 8-26-2015: modified certification of 30 tablets of Soma 350mg; non-certified 120 tablets of Norco 10-325mg; and non-certified 60 tablets of Oxycontin 20mg. On 8-10-2015, she is reported to sleep approximately 4-4 hours of interrupted sleep and has decreased energy. On 8-19-2015, she reported back pain with radiation into the bilateral legs. She rated her pain 7 out of 10 without medications and 3 out of 10 with medications. She reported her sleep to be poor. She indicated she was able to do simple chores around the house and minimal activities outside the house. She reported increasing her activity and being able to wean Oxycontin from three times daily to 2 times daily. She is noted to have discharged herself from a functional restoration clinic indicating she had not found it "beneficial". She reported not turning her spinal cord stimulator device on since 8-12-2015 and has requested it be removed. Objective findings revealed an antalgic gait; tenderness in the thoracic spine area; restricted lumbar range of motion, tenderness, hypertonicity and spasm in the low back. There is a negative straight leg raise test noted. The treatment plan was to "decrease Oxycontin 20mg from 3 per day to 2 per day for long acting pain relief with plan to trial further decrease to one time per day; continue decreased Norco to max 4 per day for breakthrough pain". A signed opiate agreement is noted to be on file and no adverse behavior was indicated per the report. On 8-26-2015, she reported pain without

medications as 8 out of 10, and with medications 3 out of 10. "No new problems or side effects and activity level remained the same" per report. She indicated she had a poor quality of sleep. The provider noted she had decided not to use the spinal cord stimulator as she feels she is having low grade fevers due using the device. The provider indicated there have been no objective findings to confirm the symptom and that she had been having "excellent pain relief with the device". The current medications are listed as: Soma 340mg tablets take one twice daily, Zorvolex, Norco 10-325mg tablet take one four times per day, Oxycontin 20mg take one two times per day, Biaxin, Acyclovir, Metoprolol. Objective findings revealed her to ambulate without assistive device, and appearing to sit comfortably on the examination table, healed scars and a spinal cord stimulator wound on the back, no evidence of infection, and the area is non-tender. The treatment and diagnostic testing to date has included: lumbar fusion (4-5-2008), medications, spinal cord stimulator (1-18-2013), lumbar medial branch radiofrequency neurotomy (3-16-2012), caudal epidural (8-3-2012), CT thoracic spine (1-20-2015), chest x-ray (4-17-2013), lumbar spine x-ray (6-28-2012), magnetic resonance imaging of the lumbar spine (6-15-2011), CURES (1-7-2015, 8-12-2014, 6-14-2014), urinalysis (4-15-2013), urine toxicology (6-14-2012, 8-19-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral legs. The current request is for Soma 350mg #60. The treating physician report dated 8/19/15 (28B) states, Soma 350 Mg Tablet SIG: Take 1 twice daily. MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain page 63 state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 3/04/15 (110B). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral legs. The current request is for Norco 10/325mg #120. The treating physician report dated 8/19/15 (27B) states; Patient does simple chores around the house and minimal activities outside of the house at least two days a week. Her activity level has increased walking. The patient is taking her medications as prescribed. Patient has been able to wean the Oxycotin [sic] to bid from tid. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Norco since at least 2/24/15 (146B). The report dated 8/19/15 (27B) notes that the patient's pain has decreased from 7/10 to 3/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved such as the ability to perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Oxycontin 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral legs. The current request is for Oxycontin 20mg #60. The treating physician report dated 8/19/15 (27B) states; Patient does simple chores around the house and minimal activities outside of the house at least two days a week. Her activity level has increased walking. The patient is taking her medications as prescribed. Patient has been able to wean the Oxycotin [sic] to bid from tid. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports

provided show the patient has been taking Oxycontin since at least 2/24/15 (146B). The report dated 8/19/15 (27B) notes that the patient's pain has decreased from 7/10 to 3/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved such as the ability to perform household tasks including cooking, cleaning, self-care, laundry, grocery shopping for approximately 30 minutes at a time. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Oxycontin has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.