

Case Number:	CM15-0179575		
Date Assigned:	09/21/2015	Date of Injury:	08/17/2003
Decision Date:	10/29/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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
 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 52 year old female, who sustained an industrial injury on August 17, 2003. The injured worker was diagnosed as having complex regional pain syndrome to the upper extremity and cervical radiculopathy. Treatment and diagnostic studies to date has included right stellate ganglion block and medication regimen. The progress noted form May 23, 2012 noted the injured worker to be on the medication regimen of Oxycontin, Methadone, Percocet, Lidoderm, Baclofen, Soma, Voltaren Gel, Celebrex, Flector Patch, Elavil, and Lyrica. In a progress note dated May 27, 2015 the treating physician reports central nervous system changes with the injured worker having flare ups. On May 27, 2015, the treating physician noted the injured worker's pain level to be a 3 to 4 out of 10 and "fair" ability to perform activities of daily living with the use of the injured worker's medication regimen. The progress note on May 27, 2015 did not include the injured worker's current medication regimen, but on this visit the treating physician requested Oxycontin, Methadone, Percocet, Elavil, and Lidoderm. In a progress note dated June 30, 2015 the treating physician reports complaints of cramping. On July 31, 2015 the treating physician reported the use of Magnesium Citrate "really helps" the injured worker's muscle cramps, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note on July 31, 2015 did not include the injured worker's current medication regimen, but noted the requests for

Oxycontin, Methadone, Percocet, Soma, Elavil, and Lidoderm. On July 31, 2015, the treating physician requested the medications of Soma 350mg with a quantity of 90 and Oxycontin 40mg with a quantity of 90 with the medical records noting prior use of these medications. On August 13, 2015, the Utilization Review determined the requests for Soma 350mg with a quantity of 90 to be non-certified. On August 13, 2015, the Utilization Review determined the request for Oxycontin 40mg with a quantity of 90 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, ninety count: 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): Carisoprodol (Soma).

Decision rationale: The 52 year old patient presents with complex regional pain syndrome of the upper extremities and cervical radiculopathy, as per progress report dated 07/30/15. The request is for SOMA 350 mg, NINETY COUNT. There is no RFA for this case, and the patient's date of injury is 08/17/03. Medications included Oxycontin, Methadone, Percocet, Soma, Elavil, and Lidoderm patch. The patient is looking for work, as per progress report dated 07/30/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and metho-carbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Soma is first noted in progress report dated 08/28/12. It is not clear when the medication was initiated. As per progress report dated 03/05/15, Soma was discontinued during the visit. Its prescription was again noted in progress report dated 06/30/15. As per the report, the patient has "weaned down to minimal medication." and is unable to wean further "without affecting daily living." The treater, however, does not document the efficacy Soma in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request for # 90 IS NOT medically necessary.

Oxycontin 40 mg, ninety count: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The 52 year old patient presents with complex regional pain syndrome of the upper extremities and cervical radiculopathy, as per progress report dated 07/30/15. The request is for OXYCONTIN 40 mg, NINETY COUNT. There is no RFA for this case, and the patient's date of injury is 08/17/03. Medications included Oxycontin, Methadone, Percocet, Soma, Elavil, and Lidoderm patch. The patient is looking for work, as per progress report dated 07/30/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Oxycontin is first noted in progress report dated 08/28/12. While the patient appears to be taking the medication consistently since then, it is not clear when the opioid was initiated. As per progress report dated 06/30/15, the patient has "weaned down to minimal medication." and is unable to wean further "without affecting daily living." The treater, however, fails to establish the efficacy of the Oxycontin. There is no documentation of before and after analgesia using a validated scale nor does the treater document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4A's to warrant continued use of this medication. Hence, the request IS NOT medically necessary.