

Case Number:	CM15-0062353		
Date Assigned:	04/08/2015	Date of Injury:	07/14/2005
Decision Date:	05/13/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/01/2015

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: Georgia, California, Texas
 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 54-year-old female, who sustained an industrial injury on 7/14/2005. Diagnoses include low back pain, degeneration of cervical intervertebral disc, chronic pain syndrome, complex regional pain syndrome, grade 1 spondylolisthesis and lumbar post laminectomy syndrome. Treatment to date has included diagnostics, medications and implantation of a spinal cord stimulator. 04/15/15 office note documented complaints of chronic lbp and lower limb pain. She was s/p spinal cord stimulator (SCS) implantation in November 2014 and goal was to wean her from opioids and other medications in a stable fashion. She had suffered a fall on date of exam and fractured her right ankle. She was placed in a temporary cast and was scheduled to see an orthopedist the following day. She reported increase in overall pain. She had been seen at another office and brought in instructions for increasing her pain medications and a schedule for subsequent taper. Medications prescribed as of 04/15/15 included carisoprodol, MS Contin 15 mg three times daily, oxycodone 5 mg up to 5 times daily for 5 days then taper over 25 days, and Valium 5 mg up to five times per day for 5 days with taper over 25 days. Pain behaviors were noted to be as expected. 03/18/15 office note stated that claimant reported about 90% improvement following implantation of SCS. Current pain level was 5-6/10. She reported being out of medications for a few days over [REDACTED] and that she experienced withdrawal symptoms at that time. She had been on Soma for many years and was encouraged to wean. She reported that Soma and Valium helped her pain significantly. She had been seen by another physician and brought in weaning instructions for her medications. She was prescribed carisoprodol 350 mg 1 tablet 3 times daily, MS Contin, 1 tablet twice daily,

oxycodone 5 mg up to 8 tablets/day x 7 days with taper to 3 tablets per day over the next 2 weeks, Reglan, and Valium. Norco and tramadol were not mentioned in the submitted clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the submitted office notes, the injured worker has been in a weaning regimen for her short-term opioid medication. Clinical course has been complicated by a fall with ankle fracture and increased pain. She is currently receiving both extended-release and immediately release oxycodone, and no rationale was provided for addition of one or more different immediate-release opioids to the medication regimen. Norco (hydrocodone/APAP) is not medically necessary.

Soma 350 MG Qty 60 with 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29 of 127.

Decision rationale: MTUS does not recommend Soma for treatment of chronic pain, noting risk for intoxication and abuse associated with this medication and lack of indication for long-term use. The injured worker has been on Soma for an extended period and is currently on a weaning regimen from this drug. Temporary continuation of Soma in the context of a weaning program is reasonable and medically necessary.

Tramadol 50 MG Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per the submitted office notes, the injured worker has been in a weaning regimen for her short-term opioid medication. Clinical course has been complicated by a fall with ankle fracture and increased pain. She is currently receiving both extended-release and immediately release oxycodone, and no rationale was provided for addition of one or more different immediate-release opioids to the medication regimen. The requested tramadol is not medically necessary.