

Case Number:	CM15-0062908		
Date Assigned:	04/08/2015	Date of Injury:	12/17/1994
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on December 17, 1994. She reported low back, hip, and thoracic region pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbosacral neuritis, lumbar facet pain, bilateral hip pain, sacroiliitis, thoracic pain, neck pain, and status post anterior lumbar fusion with disc spacer. Treatment to date has included x-rays, MRIs, left hip steroid injection with arthrogram in 2011, and medications including short-acting opioid, long acting opioid, and muscle relaxant. On February 24, 2015, the injured worker complains of persistent low back and bilateral hip pain. Her right hip pain is worse. Her low back pain radiates into the bilateral lower extremities. Associated symptoms include spasms and difficulty sleeping due to pain. The pain is constant and achy. Her current medications are helpful and she is able to continue working and stay functional. She wants to pursue tapering of her medications. The physical exam revealed tenderness of the lumbar facet joints and posterior superior iliac spine, decreased strength in the bilateral lower extremities, and limited flexion and extension mobility. The treatment plan includes tapering of her medications and prescriptions for short-acting opioid, long acting opioid, and muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP (Norco)10/325mg #120: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP (Norco) 10/325 mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar facetal pain; bilateral hip pain; sacroiliitis; thoracic pain; neck pain; and status post anterior lumbar fusion with disk spacer. A progress note dated February 24, 2015 include the medical record review indicating Norco was prescribed as far back as February 4, 2014. The progress note dated October 7, 2014 the documentation indicates the injured worker was taking OxyContin 20 mg, OxyContin 40 mg, Norco 10/325 mg, methadone. Presently, the injured worker is taking OxyContin 40 mg one PO every 12 hours; OxyContin 20 mg one PO every six hours; Norco 10/325 mg every six hours, and Soma 350 mg one QHS. The calculated MED (morphine equivalent dose) exceeds the recommended 120. Although a VAS pain scale is documented in the January 20, 2015 progress note at 8-9/10, there were no other VAS pain scales in previous progress notes documented. There is no evidence of objective functional improvement associated with ongoing Norco. There were no pain assessments or risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement with persistently elevated VAS pain scores taken together with OxyContin 20 mg and OxyContin 40 mg, hydrocodone/APAP (Norco) 10/325 mg # 120 is not medically necessary.

Oxycontin 20mg #120: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 20 mg #120 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar facet pain; bilateral hip pain; sacroiliitis; thoracic pain; neck pain; and status post anterior lumbar fusion with disk spacer. A progress note dated February 24, 2015 include the medical record review indicating Oxycontin 20mg was prescribed as far back as February 4, 2014. The progress note dated October 7, 2014 the documentation indicates the injured worker was taking OxyContin 20 mg, OxyContin 40 mg, Norco 10/325 mg, and Methadone. Presently, the injured worker is taking OxyContin 40 mg one PO every 12 hours; OxyContin 20 mg one PO every six hours; Norco 10/325 mg every six hours, and Soma 350 mg one QHS. The calculated MED (morphine equivalent dose) exceeds the recommended 120. Although a VAS pain scale is documented in the January 20, 2015 progress note at 8-9/10, there were no other VAS pain scales in previous progress notes documented. There is no evidence of objective functional improvement associated with ongoing Oxycontin 20mg. There were no pain assessments or risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement with persistently elevated VAS pain scores taken together with Norco and OxyContin 40 mg, OxyContin 20 mg #120 is not medically necessary is not medically necessary.

Carisoprodol (Soma) 350mg #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 Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Carisoprodol (Soma) 350 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar facet pain; bilateral hip pain; sacroiliitis; thoracic pain; neck pain; and status post anterior lumbar fusion with disk spacer. The documentation indicates the treating physician prescribes Soma as far back as February 4, 2014. Soma is recommended for short-term (less than two weeks) treatment of acute low back pain or any acute exacerbation in chronic low back. The treating physician exceeded the recommended guidelines for short-term use by continuing Soma through February 24, 2015. There are no compelling clinical facts in the medical record to support the long-term

use of Soma. Additionally, there is no documentation evidencing objective functional improvement with ongoing Soma. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Soma, Carisoprodol (Soma) 350 mg #30 is not medically necessary.