MAXIMUS Federal Services

Case Number:	CM15-0070444		
Date Assigned:	04/20/2015	Date of Injury:	01/19/2000
Decision Date:	06/26/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 62 year old female, who sustained an industrial injury on 01/19/2000. According to a progress report dated 03/18/2015, the injured worker complained of low back pain and left knee pain that was severe at times with prolonged walking. The injured worker's pain pump was refilled with Morphine Sulfate and was set to an infusion rate of 17.359 mg per day. Current medications included Oxycontin 40 mg one every 6 hours, Ambien 5 mg one at bedtime, Orphenadrine-norflex ER 100 mg one tablet every 8 hours, Hydrocodone-APAP 10-325 mg one to two tablets every 8 hours for pain and decrease to about 5 per day and Soma 350 mg one tablet every 12 hours for muscle spasms. Diagnoses included degeneration lumbar disc, lumbago and syndrome postlaminectomy lumbar. Prescriptions were given for Oxycontin, Orphenadrine-norflex ER, Hydrocodone-apap and Soma. The provider noted that the injured worker was interested in tapering her medications and was going to do so on her own. Currently under review is the request for a TENS unit, Oxycontin 40 mg quantity 120, Hydrocodone/APAP 10/325 mg quantity 200 and Soma 350 mg quantity 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) Unit (Indefinite Use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has post-laminectomy and back pain. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. TENS is not medically necessary.

Oxycontin 40 mg Qty 120 (Retrospective DOS 3/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycontin extended release Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. Documentation fails components to recommend continued opioid therapy. Patient has no reported benefit from Oxycontin with continued claims of severe pains. Patient is already on a morphine intrathecal pump. Patient has claims of wanting to wean down from opioids but requested tablets for both opioids is excessive and not less than prior requests. Provider has no documented plan except that patient is "self tapering". There is no reported objective improvement in pain or function. Oxycontin in combination with Hydrocodone alone exceeds 300mg Morphine Equivalent Dose which far exceeds the maximum recommended dose of 120mg MED a day. Lack of objective improvement, lack of long term plan, lack of objective signs of weaning and excessive dosing of opioids do not support current opioid therapy. Continued Oxycontin is not medically necessary.

Hydrocodone/APAP (acetaminophen) 10/325 mg Qty 200 (Retrospective DOS 3/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycontin extended release Oxycodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. Documentation fails components to recommend continued opioid therapy. Patient has no reported benefit from Oxycontin with continued claims of severe pains. Patient is already on a morphine intrathecal pump. Patient has claims of wanting to wean down from opioids but requested tablets for both opioids is excessive and not less than prior requests. Provider has no documented plan except that patient is "self tapering". There is no reported objective improvement in pain or function. Oxycontin in combination with Hydrocodone alone exceeds 300mg Morphine Equivalent Dose which far exceeds the maximum recommended dose of 120mg MED a day. Lack of objective improvement, lack of long term plan, lack of objective signs of weaning and excessive dosing of opioids do not support current opioid therapy. Continued Oxycontin is not medically necessary.

Soma 350 mg Qty 20 (Retrospecitve DOS 3/18/15): Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, Carisoprodol or Soma is a muscle relaxant and is not recommended. There is a high risk of side effects and can lead to dependency requiring weaning. Carisoprodol has a high risk of abuse and can lead to symptoms similar to intoxication and euphoria. Pt has been taking this medication by paying out of pocket. Continued use of this medication with poor efficacy and high risk for abuse and side effects is not recommended. Carisoprodol is not medically necessary.