

Case Number:	CM15-0072446		
Date Assigned:	04/22/2015	Date of Injury:	12/22/2008
Decision Date:	07/07/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, Texas
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 40 year old male, who sustained an industrial injury on 12/22/2008. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, injections, x-rays, and MRIs. Currently, the injured worker complains of ongoing chronic and constant low back pain with sharp shooting pain. The diagnoses include degenerative intervertebral disc disease of the lumbosacral spine, thoracic or lumbosacral neuritis or radiculitis, lumbago, sciatica, injury to peroneal nerve, injury to temporal nerve, spondylosis with myelopathy in the lumbar region, other disorder of the muscle, ligaments and fascia, thoracic sprain, thoracic pain, thoracic spondylosis without myelopathy, and lumbar sprain. The treatment plan consisted of continuation of medications (OxyContin, Norco, Soma, Hysingla ER and Xanax).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20.26 Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the patient has been managed with this medication long term. The documentation doesn't support that the patient has had meaningful improvement with function while taking this medication. The request is not medically necessary.

Norco 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the patient has been managed with this medication long term. The documentation doesn't support that the patient has had meaningful improvement with function while taking this medication. The request is not medically necessary.

Soma 350 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case, the documentation shows the patient has been using Soma for longer than the recommended amount of time. Due to the possible adverse side effects the continued use of Soma is not medically necessary.

Hysingla ER 30 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. In this case the patient has been managed with this medication long term. The documentation doesn't support that the patient has had meaningful improvement with function while taking this medication. The request is not medically necessary.

Xanax 1 mg, ninety count with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20.26 Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. The continued use of xanax is not medically necessary due to potential adverse effects of the medication. Therefore, the request is not medically necessary.