

Case Number:	CM15-0073656		
Date Assigned:	04/23/2015	Date of Injury:	03/17/2005
Decision Date:	06/25/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/17/2015

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: Connecticut, California, Virginia
 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 51 year old female, who sustained an industrial injury on 3/17/05. Initial complaints are not noted. The injured worker was diagnosed as having foot pain; cervical spondylosis, lumbar spondylosis; right knee degenerative disease; chronic pain syndrome. Treatment to date has included status post bilateral bursa injections (8/28/13; urine drug screenings; medications. Diagnostics included cervical and lumbar spine x-rays (11/26/07); EMG/NCV upper extremities (7/16/07); MRI cervical spine (2/4/08). Surgeries include a reconstruction right Achilles tendon and calcaneus exostectomy (5/11/05); left Achilles tendon reconstruction and exostectomy (1/4/06); right middle finger flexor reconstruction using abductor longus tendon, right thumb carpometacarpal joint interpositional arthroplasty joint capsulodesis (12/15/06); radical fasciotomy resection medial portion of intermittent slip/left mid arch/nerve transposition medial plantar fascia right foot (11/6/09). Currently, the PR-2 notes dated 3/5/15 indicate the injured worker complains of lower backache. Pain level has remained unchanged since last visit. Pain is documented with medications as 7/10 and 10/10 without medications. There is no change reported in location of pain and reports no other symptoms, problems or side effects other than pain. The quality of sleep is reported as poor and taking medications as prescribed. The provider notes she shows no evidence of developing medication dependency and no abuse is suspected. The injured worker has a global antalgic gait and is assisted by a walker. The provider is requesting Soma 350 mg #120, MS Contin 30 mg #120, Roxycodone 15 mg #180, and Hydroxyine HCL 50 mg #540.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg qty: 120: 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 Page(s): 29.

Decision rationale: The MTUS does not recommend use of Soma, as this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the chronicity of the patient's symptoms and the contraindication for use per the guidelines, the request is not considered medically necessary.

MS Contin 30 mg qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request is not considered medically necessary.

Roxicodone 15 mg qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request is not considered medically necessary.

Hydroxyine HCL 50 mg qty: 540: 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), Pain (updated 3/18/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2014/011459s048,011795s025lbl.pdf.

Decision rationale: The MTUS guidelines do not make recommendations regarding use of hydroxyzine. The FDA website provides information on hydroxyzine and its indications for use. The drug is useful in sedation and cases of anxiety, however, the FDA also states, "The effectiveness of hydroxyzine as an antianxiety agent for long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient." Given the provided records and indications for use, with lack of evidence for improvement on the medication, the request is not considered medically necessary.