

Case Number:	CM15-0092652		
Date Assigned:	05/19/2015	Date of Injury:	06/19/1995
Decision Date:	07/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/13/2015

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: Physical Medicine & Rehabilitation

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 06/19/1995. She has reported subsequent low back pain and was diagnosed with post laminectomy syndrome and chronic pain syndrome. Treatment to date has included oral pain medication, opioid pain pump, physical therapy and surgery. In a progress note dated 04/03/2015, the injured worker complained of low back and neck pain. Objective findings were notable for pain at L3-S1 region with palpation of the lumbar facets, an antalgic gait and pain with anterior lumbar flexion and extension. A request for authorization of Meloxicam, Soma, OxyContin and Norco refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5 MG #30 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 Anti-inflammatory medications Medications for Chronic Pain page(s): 22, 60.

Decision rationale: The 54-year-old patient presents with pain in neck and lower back, rated at 6/10, along with ear inflammation and psoriasis on the face, as per progress report dated 04/03/15. The request is for MELOXICAM 7.5mg #30 WITH 1 REFILL. There is no RFA for this case, and the patient's date of injury is 06/19/95. Diagnoses, as per progress report dated 04/03/15, included lumbar failed back syndrome, radiculopathy, fibromyalgia, myositis, and unspecified neuralgia and radiculitis. Medications included Norco, Oxycontin, Soma and Meloxicam. As per progress report dated 04/25/15, the patient complains of pain in back and leg, and uses pump and oral opiates. Progress report, dated 04/13/15, revealed major depression, pain disorder, and nicotine dependence. The patient is status post cervical fusion and suffers from neck pain, as per progress report dated 11/06/14. The reports do not document the patient's work status. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Meloxicam is only noted in progress report dated 04/03/15. In the report, the treater states that Meloxicam was added "to avoid increase use of opiates." None of the available progress reports document the prior use of NSAIDs, indicating that the patient has not used them in the recent past. Given the patient's chronic pain, short-term use of Meloxicam is reasonable. Subsequent use will be based on documentation of efficacy. The request IS medically necessary.

Soma 350 MG #70 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page(s): 63-66.

Decision rationale: The 54-year-old patient presents with pain in neck and lower back, rated at 6/10, along with ear inflammation and psoriasis on the face, as per progress report dated 04/03/15. The request is for SOMA 350mg #70 WITH 1 REFILL. There is no RFA for this case, and the patient's date of injury is 06/19/95. Diagnoses, as per progress report dated 04/03/15, included lumbar failed back syndrome, radiculopathy, fibromyalgia, myositis, and unspecified neuralgia and radiculitis. Medications included Norco, Oxycontin, Soma and Meloxicam. As per progress report dated 04/25/15, the patient complains of pain in back and leg, and uses pump and oral opiates. Progress report, dated 04/13/15, revealed major depression, pain disorder, and nicotine dependence. The patient is status post cervical fusion and suffers from neck pain, as per progress report dated 11/06/14. The reports do not document the patient's work status. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodonal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, a prescription of Soma is first noted in progress report dated 11/06/14, and the patient has been using the medication consistently at least since then. As per progress report dated 05/13/15 (after the UR denial date), medications help reduce pain from 10/10 to 6-7/10, and the patient is able to "carry out her basic ADL." MTUS, however, supports the use of Soma for only 2 to 3 week period. Hence, the request IS NOT medically necessary.

OxyContin 10 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The 54-year-old patient presents with pain in neck and lower back, rated at 6/10, along with ear inflammation and psoriasis on the face, as per progress report dated 04/03/15. The request is for OXYCONTIN 10mg #120. There is no RFA for this case, and the patient's date of injury is 06/19/95. Diagnoses, as per progress report dated 04/03/15, included lumbar failed back syndrome, radiculopathy, fibromyalgia, myositis, and unspecified neuralgia and radiculitis. Medications included Norco, Oxycontin, Soma and Meloxicam. As per progress report dated 04/25/15, the patient complains of pain in back and leg, and uses pump and oral opiates. Progress report, dated 04/13/15, revealed major depression, pain disorder, and nicotine dependence. The patient is status post cervical fusion and suffers from neck pain, as per progress report dated 11/06/14. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Oxycontin is first noted in progress report dated 11/06/14, and the patient has been taking the medication consistently at least since then. In report dated 04/03/15, the treater states that they monitor the patient for 4As. The treater states, "We make every effort to assess the pain at every visit, and functioning is measured at 6-month intervals as recommended by the guidelines." The patient has signed an opioid agreement and CURES and UDS reports are complaint, as per the same report. As per progress, report dated 05/01/15 (after the UR date), the patient gets about 50% pain relief with medications without any side effects. The treater also states that the patient "can walk and ambulate on her feet with the rolling walker. There is subjective and objective quantitative improvement in the pain. The patient does get pain relief for approximately 2-3 hours at least." Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects and aberrant behavior, the request IS medically necessary.

Norco 10 MG - 325 MG #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The 54-year-old patient presents with pain in neck and lower back, rated at 6/10, along with ear inflammation and psoriasis on the face, as per progress report dated 04/03/15. The request is for NORCO 10-325mg #150. There is no RFA for this case, and the patient's date of injury is 06/19/95. Diagnoses, as per progress report dated 04/03/15, included lumbar failed back syndrome, radiculopathy, fibromyalgia, myositis, and unspecified neuralgia and radiculitis. Medications included Norco, Oxycontin, Soma and Meloxicam. As per progress report dated 04/25/15, the patient complains of pain in back and leg, and uses pump and oral opiates. Progress report, dated 04/13/15, revealed major depression, pain disorder, and nicotine dependence. The patient is status post cervical fusion and suffers from neck pain, as per progress report 11/06/14. The reports do not document the patient's work status. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 11/06/14, and the patient has been taking the medication consistently at least since then. In report dated 04/03/15, the treater states that they monitor the patient for 4As. The treater states, "We make every effort to assess the pain at every visit, and functioning is measured at 6-month intervals as recommended by the guidelines." The patient has signed an opioid agreement and CURES and UDS reports are complaint, as per the same report. As per progress, report dated 05/01/15 (after the UR date), the patient gets about 50% pain relief with medications without any side effects. The treater also states that the patient "can walk and ambulate on her feet with the rolling walker. There is subjective and objective quantitative improvement in the pain. The patient does get pain relief for approximately 2-3 hours at least." Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects and aberrant behavior, the request IS medically necessary.