

Case Number:	CM14-0147412		
Date Assigned:	09/15/2014	Date of Injury:	10/07/2004
Decision Date:	10/20/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old, who has submitted a claim for pain in lower joint leg and disorders sacrum associated with an industrial injury date of October 7, 2004. Medical records from 2004 through 2014 were reviewed, which showed that the patient complained of chronic back and knee pain. Physical examination of the left shoulder reveals tenderness over the rotator cuff muscles. Range of motion (ROM) was decreased by 40% with flexion and abduction, decreased by 20% with external rotation and extension. There was negative impingement sign. Sensation were decreased to light touch along the right lower extremity compared to the left. Treatment to date has included Aggrenox, trazodone, Glucophage, glyburide, lovastatin, valium, Norco (since August 2012), Oxycontin (since August 2012), Soma (since August 2012), hydrocodone, s/p facet block, s/p synvisc, s/p cortisone injections, s/p physical therapy and s/p aquatic therapy. Lumbar MRI done on April 15, 2005 showed mild disc desiccations with mild bilateral degenerative changes. MRI of the right knee done on January 29, 2007 showed moderate degenerative arthritic type changes, medial knee compartment. Utilization review from August 12, 2014 denied the request for Oxycontin 80mg #90 because the patient had a history of opioid abuse and aberrant drug behavior and dependence. The request for Soma 350mg #90 was also denied because Soma is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Oxycontin since August 2012. Progress notes reviewed showed that there was frequent urine drug screen to monitor patient's compliance. However, progress notes dated May 28, 2013 showed that the patient received Norco from another physician. There was also a history of an unauthorized refill documented by a progress note dated March 4, 2014. The requirements for ongoing management of chronic opioid use were not met. Therefore, the request for Oxycontin 80 mg, ninety count, is not medically necessary or appropriate.

Soma 350 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning, carisoprodol (soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29 and 65.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, Soma intake was noted as far back as August 2012. The guideline does not support long-term use. Moreover, there was no objective evidence of overall pain improvement and functional benefits derived from its use. The medical necessity has not been established. Therefore, the request for Soma 350 mg, ninety count, is not medically necessary or appropriate.