MAXIMUS Federal Services

Case Number:	CM13-0023363		
Date Assigned:	11/15/2013	Date of Injury:	08/02/1999
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 underlying date of injury in this case is 08/02/1999. The treating physician diagnosis is cervical disc displacement. A treating physician note of 08/23/2013 notes the patient presented with chronic neck and back pain. The patient appeared tearful during the visit and was frustrated her chronic pain. The patient reported that her medications helped some with pain and function, but she wished to have better control over her pain. The patient indicated that she would like to wean off her pain medications and did not wish to be on pain medications and that a psychologist helped with the depressive symptoms and also recommended Percocet or Oxycontin for pain relief. On exam, the patient ambulated into the room without assistance. The treating physician noted the medications included ThermaCare heat wrap, Lidoderm patch, Soma, hydrocodone, fentanyl, Frova for headache, Tegaderm over a fentanyl patch, trazodone, sumatriptan, AcipHex, hydrochlorothiazide, and lisinopril. The treating physician noted the patient was status post a cervical discectomy and fusion in 2002 and the patient had been treated with epidural injections and was also a graduate of a functional restoration program. The treating physician noted the patient had good benefit from a diagnostic facet injection, and he was awaiting approval for radiofrequency ablation. He indicated that the patient would like to see a spine specialist in regard to her cervical and lumbar spine complaints. The patient reported that her medications reduced pain and allowed her greater function. The treating physician indicates he wanted to wean the patient off pain medication but would like better pain control first and that the patient was not a surgical candidate, and he would begin weaning the patient from Norco and fentanyl. The treating physician indicated he did not believe that Percocet or Oxycontin would be in the patient's best interest. No specific neurological deficits were noted on exam. On 09/27/2013, the treati

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Carisoprodol (Soma), page 29, states, "This medication is not indicated for long-term use...Abuse has been noted for sedative and relaxant effects...Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." The physician notes do not provide a rationale for use of Soma long term. The physician notes indicate a plan to taper the patient's medications after a definitive surgical recommendation was made. However, it appears that whether the patient is felt to be a candidate for additional surgery or not, the functional benefit for Soma in this medication is not indicated long term. Moreover, the treatment guidelines express concern that Soma may potentiate interactions with opioids, and for that reason as well, this medication is not supported. There are alternative medications for muscle relaxation, which may be supported long term such as tizanidine, and the treating physician may wish to consider that. At this time, Soma is not medically necessary.

Hydrocodone /APAP 10/325mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...When to Discontinue Opioids:...If there is no overall improvement in function, unless there are extenuating circumstances." The medical records indicate this patient has received extensive opioid treatment with no clear specific improvement in function. The treating physician indicates a plan to taper this medication if no surgery is recommended; from review of the records, it appears that whether or not surgery is recommended. In either case, there is no apparent benefit from opioid medication, and it is possible that the patient in fact could improve functionally with a taper of opioids. The records do not support this request. The request for hydrocodone is not medically necessary.

Thermacare heatwrap # 90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: ACOEM Guidelines, Chapter 3 Treatment, page 48, states, "During the acute to subacute phases for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise." The guidelines therefore emphasize thermal modalities early in the course of an injury but not on a long-term basis. The medical records do not provide a rational basis at this time for these heat wraps. Overall, the records and guidelines do not support this request. The request for ThermaCare heat wrap is not medically necessary.