

Case Number:	CM13-0028379		
Date Assigned:	11/27/2013	Date of Injury:	02/17/2010
Decision Date:	01/23/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/24/2013

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 Pain Management has a subspecialty in Disability Evaluation 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 patient is a 48 year-old female with an injury on 2/17/2010. She began working for [REDACTED] [REDACTED] approximately May 2009 as a full charge bookkeeper working part time 15 hours per week, gradually increasing over a year to up to 25 hours per week. She worked without incident until November/December 2009 when she noted onset of neck and right shoulder pain however did not relate it to any specific cause. Pain gradually increased over time interfering with her ability to think clearly. She advised [REDACTED] of her symptoms on 2-9-10 and he advised her to see her physician during her own time. She consulted her personal physician, [REDACTED], on 2/10/10. She was examined and x-rays were obtained of her neck. She was advised of "neck spasms", recommending medications, heat, ice and use of a phone headset at work. The patient was advised to report this to her employer. The following day, she advised her office manager and the physician of [REDACTED]' recommendations. She was provided with a headset. She continued working until mid March 2010 with increasing pain causing her to make mistakes at work. In mid March, she was terminated from this employment given reason of making too many mistakes. She returned to [REDACTED] who questioned her regarding filing a worker's compensation claim form from her employer and she proceeded to file an injury claim. He provided her with additional medications and placed her on temporary disability. She was placed on muscle relaxants for a month with no benefit. Physical therapy was prescribed for her neck and right (major) shoulder which provided temporary relief until treatment was discontinued. She would receive care up to 3 weeks, off for 2-6 weeks, then return. June or July 2010, she was referred to an orthopedist at [REDACTED] who ordered x-rays. She was advised there was nothing. She returned to [REDACTED] who referred her to [REDACTED], a spine pain management specialist. She was advi

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation for medication management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multi-Disciplinary Pain Management Page(s): 6 and 31-32.

Decision rationale: The California MTUS page 31 to 32, Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. CA-MTUS (Effective July 18, 2009) page 6 of 127 section on functional restoration approach to chronic pain management states " Many injured workers require little treatment, and their pain will be self-limited. Others will have persistent pain, but can be managed with straightforward interventions and do not require complex treatment. However, for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach. (Flor, Fydrich et al. 1992; Guzman, Esmail et al. 2001; Gatchel and Bruga 2005)" Based on the foregoing, it does not appear that this claimant met all the criteria listed above, hence the request for Pain management Evaluation is not medically necessary.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section.

Decision rationale: In the Chronic Pain Medical Treatment Guidelines Norco (Hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetaminophen) is Indicated for moderate to moderately severe pain however, page 76 through 77 MTUS stipulated specific criteria to follow before a trial of opioids for chronic pain

management..Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82).. There was a previous attempt to wean the patient of Norco 10/325mg, after the last prescription of 4/30/2013, a new request for Norco 10/325mg#60 is not medically necessary.

Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on Antispasmodics-Carisoprodol (Soma®®, Soprodal 350mg, Vanadom®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. (See, 2008) (Reeves, 2003) Side Effects: drowsiness, psychological and physical dependence, & withdrawal with acute discontinuation. MTUS (2009) page 65 of 127. The Official Disability Guidelines (ODG) states that carisoprodol (Soma) is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest Carisoprodol (Soma, Soprodal350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the FDA required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. (See, 2008) (Reeves, 2003) and physical therapy. (AHFS, 2008) 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). As of January 2012,

carisoprodol is scheduled by the DEA as a Schedule IV medication. (DEA, 2012) It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Therefore, the request for Soma 350mg #60 is not medically necessary since it was recently approved on 4/2/2013., and long term use is not recommended.

Xanax: 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 Benzodiazepine Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, benzodiazepine (e.g xanax) is 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton 2005). Xanax was recently approved on 4/2/2013, and therefore a request for additional Xanax is not medically necessary since long term use is not recommended.