MAXIMUS Federal Services

Case Number:	CM13-0038378		
Date Assigned:	06/25/2014	Date of Injury:	11/30/2000
Decision Date:	08/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

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 Occupational Medicine 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 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 claimant was injured on 11/30/2000 and epidural injections, medications, and a psych consultation are under review. He has a history of chronic neck pain. On 04/03/14, he saw [redacted] and an epidural had been denied. He had neck pain. His meds were refilled. He saw [redacted] for an initial evaluation on 03/14/13 and complained primarily of right shoulder pain but also had neck pain, upper back pain, left knee pain, and other orthopedic complaints. He was prescribed Norco, Soma, and Prilosec. The cervical epidural steroid injection was recommended at level C5-6 per [redacted]. He saw [redacted] on 07/29/13. A drug screen has been completed. He was prescribed Carisoprodol/Meprobamate and Hydrocodone. A drug screen was positive for Hydrocodone and Carisoprodol/Meprobamate. He has had multiple studies in particular involving the cervical spine, right shoulder, and wrist. He saw [redacted] on 10/17/13 and was prescribed Norco, Prilosec, Colace, and Soma. He saw [redacted] on 10/22/13. He had pain around the lateral aspect of his right thigh but only upon applying pressure. He was seeing [redacted] for pain management and [redacted], for psychiatry. He was diagnosed with cervical spine fusion in 2007, thoracic spine strain, probable right shoulder internal derangement status post right shoulder surgery, right shoulder strain, and right carpal tunnel syndrome. His sensation was intact. He was being treated by a chiropractor. On 01/09/14, he saw [redacted] and had neck pain at level 9/10. His neck pain also radiated to the right shoulder. He had decreased range of motion of cervical spine. The rest of the note is essentially illegible but he received pain medication refills. He sees [redacted] for anxiety and depression. He has had multiple drug screens. The notes did not provide specific information about his pattern of use of his medications. There are handwritten notes by [redacted] that are largely illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection-cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, page 79 Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for an ESI, level unknown. The MTUS states ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is no clear objective evidence of radiculopathy on physical examination and no EMG was submitted. There is no indication that the claimant has failed all other reasonable conservative care, including PT, or that this ESI is based on an attempt to avoid surgery. It is not clear what level of the cervical spine is to be injected (and this must be stated along with evidence for radiculopathy on PE and/or EMG with findings consistent with an imaging study that shows nerve root compression at that level). It is not clear whether an imaging study demonstrated nerve root compression at any level. There is no EMG demonstrating radiculopathy has been submitted in support of this request. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. Therefore, the epidural injection-cervical spine is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, page 110 and Medications for Chronic Pain, page 94 Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or non-steroidal anti-inflammatory drugs. The MTUS further explains pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief

and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear and the frequency and quantity recommended are unknown. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated. If use has been prolonged, this medication must be weaned. Therefore, Norco 10/325mg #90 is not medically necessary.

Psych consultation with [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, page 132 Page(s): 132.

Decision rationale: The history and documentation do not objectively support the request for a psychiatric evaluation with [redacted]. The claimant has reportedly seen [redacted] for psychiatric treatment but the reason has not been stated. It is not clear why he needs a psychiatric consultation. His pattern of past visits, treatment, and response are not known. The MTUS state psychological evaluations may be recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. In this case, however, the medical necessity of this request has not been clearly demonstrated. Such as, the psych consultation with [redacted] is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol, page 60; Medications for Chronic Pain, page 94 Page(s): 60, 94.

Decision rationale: The history and documentation do not objectively support the request for the use of Soma (Carisoprodol) at an unknown frequency and quantity. The California MTUS state on page 60 that Carisoprodol is not recommended. 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. This includes the following: increasing sedation of benzodiazepines or alcohol; use to prevent side effects of cocaine; use with tramadol to produce relaxation and euphoria; as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); and as a combination with codeine, referred to as Soma Coma, (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004). There was a 300% increase in numbers of emergency room episodes related to Carisoprodol from 1994 to 2005 (DHSS, 2005). Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both Carisoprodol and Meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from Meprobamate (Reeves, 2007). Additionally, the MTUS states relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. (Mens 2005) In this case, the specific indications for the use of this medication are not clearly stated and his pattern of use of this medication and the past and anticipated benefits has not been stated in the records. The medical necessity of this request as submitted has not been clearly demonstrated. Following prolonged use, this medication must be weaned. Therefore, Soma 350mg #60 is not medically necessary.

Colace 100MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, page 110 Page(s): 110. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR 2014, Colace.

Decision rationale: The history and documentation support the ongoing use of Colace during the weaning period from Norco. The MTUS state Prophylactic treatment of constipation should be initiated. Colace is typically recommended for the control/relief of constipation that may occur due to the chronic use of opioids. The claimant is likely still using Norco and, though weaning, is recommended, the use of Colace can be recommended during this process and until

the Norco has been discontinued. There is no support in the records for continuing the use of Colace past this weaning period, however. Such as, Colace 100MG #60 is medically necessary.