

Case Number:	CM13-0040287		
Date Assigned:	12/20/2013	Date of Injury:	07/11/2000
Decision Date:	02/26/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/29/2013

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:

This 53yr old gentleman suffered an industrial injury on 7/11/2000 to his Left foot. His foot was crushed and almost amputated at the ankle. He had multiple surgeries on the foot and a metallic implant. The metallic implant was removed after a few months, but the claimant had foot deformities and restricted movements along chronic pain. He was last seen by [REDACTED] on 9/17/2013 and documents history as having chronic Pain and movement restrictions'. An X-ray done during that period reported as Charcot's foot. On Examination the foot had quite a bit of deformity with multiple surgical scars. There was tenderness all over the healed area of the foot on palpation. The patient was advised a podiatry consult and medicines - Vicodin extra strength 75mg / 325mg four times a day for 1month and Soma 350mg thrice a day for 1 month. Both the medicines were with 2 refills each. The notes were reviewed by [REDACTED] on 10/ 02/ 2013 and the medicines refill request was denied for both. Diagnosis- S/P Crush Injury Left Foot with near amputation with reattachment with Chronic Pain and Deformity Medicines- Vicodin 75mg / 325mg four times a day - for 1 month with 2 refills, Soma 350mg three times a day - for 1month with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 65.

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

Decision rationale: The injured worker does not have any evidence of acute myospasm or acute pain or break-through pain for which the use of Soma is indicated. Besides, Soma is not recommended for longer than a 2 to 3 week period. ODG stated that this medication is not recommended. Therefore the request for Soma 350mg #90 2 refills is not medically necessary. CA-MTUS (Effective July 18, 2009) page 65, section on Antispasmodics-Carisoprodol (Soma®[®], Soprodonal 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. ODG-TWC-Pain (Chronic)(Updated 11/14/2013):Carisoprodol (Soma®[®]) Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest 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. Weaning: There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting. Tapering should be individualized for each patient. (Boothby, 2003) For more information and references, see Muscle relaxants.

Vicodin Extra Strength 7.5/325 mg #120 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-77, 82.

Decision rationale: In the clinical setting of crush injury to left lower extremity with severe neuropathic pain and collapsed arches the use of this analgesic is reasonable. Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning. The request for Vicodin Extra Strength 7.5/325mg (#120) 2 refills is modified for #120 with no refills for a 1 month supply to enable the provider to assess the efficacy of this short acting opioid hydrocodone product at decreasing

VAS pain score and increasing function would be reasonable as recommended by the previous UR reviewer with monitoring of UDS at least twice yearly is recommended to address patient compliance. Therefore the request for Vicodin Extra Strength 7.5/325 mg #120 2 refills is not medically necessary. CA-MTUS (July 18, 2009) page 76 through 77 of 127, section on Opioids: Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid and Acetamenophen) is Indicated for moderate to moderately severe pain. 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). On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide