

Case Number:	CM13-0042906		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2002
Decision Date:	07/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 in Anesthesiology has a subspecialty in Pain Management 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:

This is a 56-year-old female with a 9/1/02 date of injury. The mechanism of injury was not noted. In a 10/8/13 progress note, the patient complained of myelopathic symptoms, including numbness, tingling, and weakness in the hands and feet, but she has has excruciating pain from her neck to her shoulders and upper back. She had procedures of facet blocks done without much benefit, even briefly. The patient had some transmission of pain from her neck and shoulders down into her arms. There was some low back pain transmitting into her left thigh. The pain levels were moderate to severe constantly, most often in the very bad to severe range, 7 to 8, and 9 levels of pain constantly. She has had development of opioid tolerance after years of consuming opioid pain analgesics without getting adequate relief. She was interested in the suggestion of a spinal cord stimulator. Her pain diagram indicated that her pain levels are 10/10. She indicated that she is very depressed and that the pain medications were just not working long enough. Objective findings: cervical range of motion is limited, muscular hardening and marble-sized trigger points in the upper rhomboids and in the medial scapular musculature, tenderness to palpation surrounding paraspinal muscles. Diagnostic impression: cervicgia, postlaminectomy syndrome cervical region, spasm of muscle. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/16/13 modified the request for Opana from 210 tablets to 100 tablets for weaning purposes. The patient has tried multiple medications for chronic pain control. It is not clear if the patient currently uses the stimulator or not. Without pain medications, the patient has pain that is 10/10 and she does not get out of bed. With the current pain medications, she has pain that is 7/10 and she can do some activities of daily living. There is no documentation as to what the results were with the stimulator nor why so much opioid medication is necessary if the patient is using a stimulator. The quantity of Soma was modified for weaning purposes. The rationale was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OPANA 10MG, 1-2 PO Q 4HRS PRN, #:210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to a 10/8/13 progress note, the patient is on Opana ER 40 mg, total of 4 tablets a day, and Opana IR 10 28mg, total of up to 12 tablets a day. This puts the patient's MED at 840. The guidelines support an MED up to 200. The patient's MED of 840 exceeds the guidelines recommendations by more than 400% and increases the risk of respiratory depression and overdose. Furthermore, the patient is also on Klonopin, a benzodiazepine, which increases the risk of sedation and CNS adverse effects. In addition, records state that despite the patient's high opiate dose, she still has 10/10 pain. Therefore, the request for Opana 10mg, 1-2 po Q 4hrs Prn, #:210 was not medically necessary.

PRESCRIPTION OF SOMA 350MG, 2 PO Q 8HRS #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. A specific rationale identifying why Soma would be required in this patient despite lack of guidelines support was not identified. In addition, this patient is on a significantly high MED, and the addition of Soma to this regimen increases the risk of respiratory depression, overdose, and sedation. Therefore, the request for Soma 350mg, 2 po Q 8hrs #180 was not medically necessary.

