

Case Number:	CM13-0057809		
Date Assigned:	12/30/2013	Date of Injury:	05/09/2009
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine, has a subspecialty in Internal 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 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 47 year old male who was injured on 05/2009 which included breaking his right finger, pulling a muscle in his back, right shoulder partial separation and a heart attack. Prior treatment history has included EEG, hearing tests, x-rays, blood tests, MRIs, nerve tests, urine tests, psychological testing and CT scans; physical therapy, surgery, TENS unit, chiropractic care medications. Medications included Bystolic, Lipitor, Kadian, TriCor, ondansetron, famotidine, Lorazepam, zolpidem, Soma, hydrocodone, albuterol, multivitamin, and fish oil. Diagnostic studies reviewed include MRI performed 05/17/2013 revealed right neck calcification probably in the right carotid artery. Correlation with carotid Doppler was suggested. Otherwise negative C-spine. X-ray of chest performed 05/17/2013 revealed post median sternotomy for CABG, old healed right mid clavicle fracture, and otherwise negative chest. X-ray thoracic spine performed 05/17/2013 revealed postsurgical changes, degenerative disc disease in the mid T-spine, and otherwise negative plain films views of the T-spine. X-ray thoracic spine 3 view performed 08/23/2011 revealed lumbar spine showed normal alignment. No acute compression deformity was seen. No significant intervertebral disc space narrowing. There appeared to be some scalloping of the superior endplate of the T11 vertebral body. MRI cervical spine without contrast performed 08/23/2011 revealed the vertebral bodies were intact. There was no compression fracture or subluxation or destructive lesion. The odontoid and craniocervical junction were intact. At C2-C3, the disc was normal. At C3-C4, there was mild disc degeneration, disc bulging and uncovertebral spurring bilaterally. There was no significant canal narrowing or cord compression. MRA circle of Willis performed 08/23/2011 revealed normal variations about the circle of Willis and negative study without evidence of stenosis or occlusion or spasm or aneurysm. MRI brain with and without contrast performed 08/12/2011 revealed unremarkable enhanced intracranial MR assessment. Clinic note dated 10/25/2013 documented

the physician's opinion to be that the patient's costochondritis, right shoulder, and left shoulder conditions were industrial, but his right clavicle fracture was nonindustrial. Clinic note dated 10/21/2013 documented the patient continued to have trouble sleeping at night and so he wound up sleeping during the day, which was secondary to pain and spasms. His back was still tender to palpation. Leg exam was unremarkable. Clinic note dated 09/18/2013 documented the patient was in for follow up of his meds. The patient was still forgetful. He still had neck and back pain. Rx for Methadone, 10 mg #90 was given. The patient was to continue to try and cut down on the Soma. The patient was taking half of one, 3 times a day. Clinic note (dated 07/23/2013 documented the patient was in for follow up of his pain meds. He had left his pain meds at home and he went to a wedding and a friend gave him some Methadone, which at about 20 mg a day worked great for him. He would like to switch from the Nucynta, which was not working that well, to the Methadone. He was willing to continue his other meds and he was to try to wean off of them. He would really like to get off of the Norco and Soma and so forth. He was doing some exercises at home. Objective findings on exam included mentally, the patient seemed sharp. His neck had good ROM. Arm strength was equal bilaterally x3. The lower back was mildly diffusely tender to palpation and percussion. Legs showed normal DTRs, strength and seated SLRs. Clinic note dated 06/24/2013 documented objective findings to include a thoracotomy scar 26 cm in length from the xiphoid region to the epigastria region. It was hyper pigmented and depressed. There was regular rate and rhythm. S1 and S2 without murmur, rub, or gallop. PMI was non-displaced. No S3 or S4 was audible. There ma

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-82,61.

Decision rationale: As per CA MTUS guidelines, "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 no adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The records available did not indicate improved functioning and reduced pain level with use of this medication and therefore, the request is non-certified. Guidelines also recommend slow tapering/weaning process for the individuals using long-term opioids due to risk of withdrawal symptoms.

Soma quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Carisoprodol (Soma), Page(s): 29. Decision based on Non-MTUS Citation Drugs.com, Soma

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s): 65.

Decision rationale: As per CA MTUS guidelines, Soma is not recommended for more than 2-3 week period. This patient has been prescribed this medication chronically and hence does not meet guidelines recommendations. Thus, the request for Soma is non-certified.

Lorazepam quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As per CA MTUS guidelines, lorazepam is a benzodiazepine which is not recommended for long-term use because of long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient is taking this medication chronically and hence the medical necessity is not established. Thus, the request is non-certified.

Genetic testing for his medications quantity 1.00: 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), Chapter Pain (Chronic), Genetic testing for potential opioid abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Pain (Chronic), Genetic testing for potential opioid abuse

Decision rationale: CA MTUS guidelines do not have appropriateness of the issue in dispute and hence the ODG have been consulted. As per ODG, genetic testing is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations." Thus, the request for genetic testing for his medications is not recommended by guidelines and is considered experimental. The request is non-certified.