

Case Number:	CM13-0058273		
Date Assigned:	12/30/2013	Date of Injury:	12/31/2009
Decision Date:	05/08/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation; has a subspecialty in Pain 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 patient is a 49-year-old female who was injured on December 31, 2009. She has chronic neck pain and left shoulder girdle pain. Prior treatment history has included chiropractic treatment has greatly reduced her overall pain and aquatic therapy. The patient underwent cervical fusion surgery in 2011. On December 10, 2013, the patient presented with neck pain radiating towards left shoulder and left scapular region. She has continued tightness, pain and muscle spasm radiating from posterior neck to the left shoulder and left scapular region. Her pain is 4/10 and it has ranged from 5-9/10 since her last visit. The patient is reporting no medication side effects at this time. She has tried Zanaflex and soma and both were too sedating. The patient reports the pain interferes moderately with daily activities and overall function. Objective findings on exam revealed palpation demonstrating diffuse tenderness along the left shoulder girdle region/scapula/left posterior/lateral neck to locate pain. She has diffuse tenderness along the left shoulder girdle musculature. Her cervical range of motion is limited by neck pain. She was ambulating without an assistive device. The patient is diagnosed with 1) Postlaminectomy syndrome, cervical region; 2) Degeneration of the cervical intervertebral disc; 3) Cervicalgia; 4) Chronic pain syndrome; 5) Brachial neuritis or radiculitis; and 6) Myalgia and myositis, unspecified. The recommendation/plan was for refills for Prilosec 20mg, Valium 5mg 0.5 tab once a day as needed for anxiety and muscle spasms, and hydrocodone with acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG # 30, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS guidelines, Prilosec is a proton pump inhibitor that is recommended for patients at intermediate risk for GI events or NSAID-induced dyspepsia. As per the records submitted, there is no documentation that patient is having abdominal complaints or currently having NSAID use. Thus, the request for Prilosec is not medically necessary and is non-certified.

SOMA 350 MG # 30, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma®) Page(s): 29.

Decision rationale: The California MTUS guidelines state that Carisoprodol (Soma®) 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). Abuse has been noted for sedative and relaxant effects. There is no evidence of muscle spasms on examination. The patient reported she had tried Zanaflex and soma the previous month and both were too sedating. Soma is not recommended under guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The request for ongoing chronic use of Soma is not appropriate and therefore medical necessity of this request has not been established.

ZANFLEX 2MG # 30, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Zanaflex is FDA approved for management of spasticity, with an unlabeled use for low back pain. The patient reported she had tried Zanaflex and Soma before and both were too sedating. The medical records do not demonstrate the patient presented with an acute exacerbation nor has spasticity. Review of the patient's medical records demonstrates

that muscle relaxants have been prescribed on a chronic basis. Chronic and ongoing use of muscle relaxants is not recommended under the guidelines.

VALIUM 5MG # 15, WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Diazepam (Valium)

Decision rationale: Both the ODG and California MTUS guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). According to the medical records Valium was prescribed for anxiety and muscle spasms. The California MTUS guidelines state that a more appropriate treatment for anxiety disorder is an antidepressant. Chronic use of Valium is not recommended. The request for Valium is not supported by the evidence-based literature; medical necessity has not been established.

HYDROCODONE 7.5-500MG/15ML (150ML) LIQUID, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91.

Decision rationale: According to the California MTUS guidelines, Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioid, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "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 non-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 patient stated that her pain level was at 4/10, and ranged 5-9/10. The medical documents do not support continuation of opioid pain management. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, which are known to be effective for treatment of moderate pain and symptoms. There is no mention of improvement with opioid treatment. There was no mention of improved quality of life. Therefore, according to the California MTUS, the request for hydrocodone is not medically necessary.