

Case Number:	CM13-0064531		
Date Assigned:	01/03/2014	Date of Injury:	01/02/2003
Decision Date:	05/12/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/11/2013

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 & Rehabilitation 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:

According to the records made available for review, this is a 45-year-old male with a 1/2/03 date of injury and cervical fusion surgery in 2004. At the time (11/21/13) of the request for authorization for prescription of Soma 350mg (quantity unknown), 1 prescription of Buprenorphine hydrochloride 8mg (quantity unknown), and 1 trial prescription of Belviq, there is documentation of subjective (increased neck and low back pain rated as a 7 out of 10 and headaches) and objective (weight of 400 pounds, decreased cervical range of motion, tenderness to palpation over C4-5 on the right, and occipital nerve tenderness with a tingling sensation down the lower cervical spine and posterior scalp) findings, current diagnoses (headaches and neck pain most likely from cervical facet arthropathy, right C4-5 occipital neuralgia, cervical radiculopathy, cervical spasms with frontal headaches, lumbar radiculopathy, and obesity), and treatment to date (Soma and Buprenorphine since at least 8/19/13). A medical report plan identifies a trial of Belviq for weight control.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SOMA 350MG (QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants pages 63-64 Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS Chronic Pain Guidelines identify documentation of acute exacerbation of chronic low back pain and documentation that muscle relaxants are used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The ODG indicate that muscle relaxants are recommended for short-term (less than two weeks) treatment Within the medical information available for review, there is documentation of diagnoses of headaches and neck pain most likely from cervical facet arthropathy, right C4-5 occipital neuralgia, cervical radiculopathy, cervical spasms with frontal headaches, and lumbar radiculopathy. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Soma since at least 8/19/13, there is no documentation of short-term (less than two weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Soma. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF BUPRENORPHINE HYDROCHLORIDE 8MG (QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The MTUS Chronic Pain Guidelines identify documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. Within the medical information available for review, there is documentation of diagnoses of headaches and neck pain most likely from cervical facet arthropathy, right C4-5 occipital neuralgia, cervical radiculopathy, cervical spasms with frontal headaches, lumbar radiculopathy. However, despite documentation of chronic pain, there is no documentation of a history of opiate addiction. In addition, given documentation of ongoing treatment with Buprenorphine since at least 8/19/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Buprenorphine. Therefore, the request is not medically necessary and appropriate.

1 TRIAL PRESCRIPTION OF BELVIQ: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, <http://www.drugs.com/pro/belviq.html>

Decision rationale: The MTUS Guidelines and ODG do not address this issue. Drugs.com indicates Belviq should be used as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of: 30 kg/m² or greater (obese), or 27 kg/m² or greater (overweight) in the presence of at least one weight related comorbid condition (hypertension, dyslipidemia, type 2 diabetes). Within the medical information available for review, there is documentation of a diagnosis of obesity. However, despite documentation of an obesity diagnosis, there is no documentation of this treatment being used as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management. Therefore, the request is not medically necessary and appropriate.