

Case Number:	CM14-0013512		
Date Assigned:	02/21/2014	Date of Injury:	05/27/2008
Decision Date:	07/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational 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 50-year-old female who has submitted a claim for shoulder joint pain, wrist joint pain, lumbago, cervical degenerative disc disease, cervical postlaminectomy syndrome, and cervical radiculitis, associated with an industrial injury date of May 27, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/20/2014, showed right wrist pain, neck pain, right shoulder pain, and low back pain. The physical examination revealed decreased range of motion of right shoulder. There was decreased range of motion of the neck and positive for cervical facet loading test. Sensory was intact to light touch for the left lower extremity while the right lower extremity has decreased sensation to light touch. Treatment to date has included 2 previous neck surgeries and medications which include Tylenol with Codeine since July 2013 and Soma since January 2014. The patient was recommended for anterior cervical discectomy and fusion at C7-T1 to alleviate some of her neck discomfort and stabilization. The utilization review from 01/30/2014 denied the request for the purchase of Soma 350mg #90 because the patient has chronic pain; therefore, Soma was not indicated. Additionally, there was also no indication in the submitted notes regarding the patient undergoing physical therapy or any other physical treatment. Regarding the request for Tylenol with Codeine #4 300/60mg #90, it was denied because the patient has not shown any functional or pain improvement while taking this medication. Additionally, tapering of this medication was previously initiated and the patient should have been weaned already.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Soma 350 mg Quantity 90: Upheld

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

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

Decision rationale: As stated on pages 29 & 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been using Soma as early as January 2014, which is beyond the recommended 2 to 3 week period. Furthermore, the patient is likewise on Codeine, which is not recommended to be used in conjunction with Carisoprodol as it has a high potential for abuse. Muscle spasms were not evident in the recent progress reports. There is no discussion regarding continued use of Soma. Therefore, the request for SOMA 350MG #60 is not medically necessary.

One Prescription of Tylenol with Codeine #4 300/60 mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioids Page(s): 35; 78-80.

Decision rationale: Tylenol is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. Some of the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and/or successful return to work. In addition, according to pages 78-79, chapter on opioids, documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required for patients on chronic opioid therapy. In this case, the patient has been using Tylenol since July 2013. A progress report, dated 02/18/2014, cited that the medications are effective in the treatment of the patient's medical condition. However, there was no objective evidence of functional improvement with its use. There was also no indication of plans to taper medication dosage over time. Therefore, the request for Tylenol with Codeine #4 300/60mg #90 is not medically necessary.

