

Case Number:	CM14-0016887		
Date Assigned:	04/11/2014	Date of Injury:	11/27/2000
Decision Date:	05/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 52-year-old female with date of injury of 11/27/2000. The listed diagnoses dated 01/07/2014 are: Cervical radiculopathy, S/P cervical fusion and multiple revisions, Neck pain, Right shoulder sprain and strain S/P surgery, Cephalalgia, Chronic pain syndrome, Tension headaches, Chronic pain related insomnia, Myofascial syndrome, Prescription narcotic dependence, and Neuropathic pain. According to the report, the patient complains of neck pain and severe upper back pain, worse on the left. She has severe pain in her upper back traveling from her neck to below the shoulder blades. She states her pain is a 5/10 with medications, 10/10 without medications. The physical exam shows the patient is 5 feet 6 inches weighing 151 pounds. The urine drug screen from 11/21/2013 is positive for sertraline, alprazolam, THC, carisoprodol, hydrocodone, and hydromorphone. No other significant findings were noted in the physical examination. The utilization review denied the request on 01/22/2014. The treator is requesting refills for Soma, Norco, and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF SOMA 350MG #60, DOS: BETWEEN 1/7/14 AND 3/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with neck and severe upper back pain. The treater is requesting MS Contin 30 mg. The utilization review dated 01/22/2014 modified the request to 1 prescription of MS Contin for the purpose of tapering the patient off this medication. For chronic opiates use, MTUS guidelines require specific documentations regarding pain and function. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of 127 pages of reports document the patient's pain is 5/10 with medication and 10/10 without medication. Moreover, the treater notes medication efficacy stating, "The MS Contin has been extremely successful for the patient at this time." Other than this generic statement, none of the reports show documentation ADL's as it relates to the patient's chronic opiate use. In addition, the urine drug screen dated 12/19/2013 shows inconsistent results with prescribed medication and noted illicit drug use with no evidence that the treater has addressed this. Given the lack of documentation of the required "outcome measures" per MTUS, lack of significant functional improvement and aberrant UDS, recommendation is for denial and slow tapering of medication per MTUS guidelines.

1 PRESCRIPTION OF NORCO #200, DOS: BETWEEN 1/7/14 AND 3/18/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with neck and severe upper back pain. The treater is requesting a refill for Norco. For chronic opiates use, MTUS guidelines require specific documentations regarding pain and function. Page 78 of MTUS require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The review of over 100 pages of records show that the patient has been taking Norco since 01/2013. The report dated 01/07/2014 notes the patient's pain is 5/10 with medications and 10/10 without medications. However, none of these reports document the patient's specific activities of daily living improvements or return to work from use of opiates. In addition, the urine drug screen dated 12/19/2013 shows inconsistent results with prescribed medication and noted illicit drug use. There is no evidence that the treater has done anything with the aberrant results. Given the lack of functional documentation, lack of discussion regarding "outcome measures" as required by MTUS and unaddressed aberrant UDS, recommendation is for denial and slow tape of the opiates.

1 PRESCRIPTION OF MS CONTIN 30MG #60, DOS: BETWEEN 1/7/14 AND 3/18/14:
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.

Decision rationale: This patient presents with neck and severe upper back pain. The treater is requesting a refill for Soma, a muscle relaxant. The MTUS Guidelines page 29 on Carisoprodol (Soma®) states, "Not recommended. This medication 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)." The most recent progress report made available for review to document the use of Soma was 01/07/2014. However, the utilization review letter referenced that the patient has been taking this medications since 12/20/2013. In this case, the MTUS Guidelines does not recommend the long term use of this medication. Furthermore, the physical examination does not show any muscle spasms that will warrant the use of a muscle relaxant. Recommendation is for denial.