

Case Number:	CM14-0130535		
Date Assigned:	08/22/2014	Date of Injury:	03/03/2010
Decision Date:	10/03/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 injured worker is a 49 year old male who was reportedly injured on 03/03/2010. Diagnoses are cervicalgia, lumbago, brachial neuritis/radiculitis, cervical spondylosis without myelopathy, degenerative and lumbosacral and cervical intervertebral disc and lumbosacral neuritis/radiculitis. Medications include Exalgo ER 12mg, meloxicam 15mg, and Percocet 10/325mg. The injured worker's surgical history was noted to include an anterior cervical discectomy at C5-6 with total arthroplasty at C5-6 using ProDisc. Magnetic resonance image dated 07/09/2012 was noted to reveal a marked artifact from fusion at C5-6 with being unable to observe the central canal due to hardware with noted disc bulges and foraminal narrowing at C6-7 and C7-T1 coupled with foraminal narrowing and facet hypertrophy at C3-4 and C4-5. The last clinical visit dated 06/19/2014, it was noted that the injured worker was having increased neck pain with bilateral hand numbness and headaches with chronic low back pain and right leg pain. It was noted that the medication regimen was helping to relieve the pain; however, the average pain was rated 8/10. Poor sleep quality noted related to pain. The physical exam revealed the injured worker had neither adverse reactions to the medication nor any signs of sedation or withdrawal. There were no supporting medical records that the indicated procedure of radiofrequency ablation dated 01/06/2012 took place, the outcome or the duration of pain relief. A request was made for 15 tablets of Soma 350mg, 30 tablets of meloxicam 15mg, 60 tablets of Percocet 10/325mg and was not certified in the pre-authorization process on 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Meloxicam 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Meloxicam ; NSAIDs, for neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level of function with continuous use. In fact, the average pain was rated 8/10. Poor sleep quality noted related to pain. In the absence of objective functional improvement, the medical necessity for Meloxicam has not been established.

30 Tablets of Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain regarding Carisoprodol (Soma) Page(s): 65,68,78.

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

Decision rationale: 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). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is little to no documentation of any substantial spasm refractory to first line treatment. There is no evidence of any significant improvement in pain level of function with continuous use. In fact, the average pain was rated 8/10. Therefore, the medical necessity for Soma has not been established.

120 Tablets of Percocet 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a long acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of Percocet administration. It was noted that the average pain was rated 8/10. Poor sleep quality noted related to pain. On the other hand, the available records do not show Urinary toxicology screen in order to monitor compliance. Therefore, the medical necessity of Percocet 10/325mg has not been established.