

Case Number:	CM14-0136908		
Date Assigned:	09/03/2014	Date of Injury:	07/05/2000
Decision Date:	10/29/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Alabama. 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 61 year old female who sustained a work related injury on 07/05/2000. She sustained an injury to her upper back, shoulders and her lower limbs. Her past medication history as of 06/09/2014 included Prilosec, Synthroid, Fioricet, Norco and Soma (No VAS was provided); and as of 08/19/2014, the patient's medications included Prilosec, Synthroid, Fioricet, Norco and Soma (VAS was 8-9/10). Prior treatment history has included cervical epidural steroid injection on 05/30/2014 which provided temporary relief. Toxicology report dated 06/11/2014 revealed inconsistent results for the medications prescribed. Neurologic consultation on 06/02/2014 which revealed severe pain described as 10 in her bilateral shoulders, neck, upper and lower back. She had lower limb and buttock pain described as 8/10. Progress report dated 07/17/2014 indicated the patient presented to the office with no improvement in symptoms which included bilateral shoulder pain and neck pain as well as upper and lower limb pain. Objective findings on exam revealed tenderness of the cervical spine but no muscle spasm was present. Range of motion of the cervical spine revealed forward flexion to 45; backward extension 45; lateral tilt is 30 bilaterally; and rotation is 60 bilaterally. The patient also had an exam of the elbow and wrist which revealed forward flexion at 140; passive forward flexion at 150; range of motion is full internal and external. The patient was diagnosed with degeneration of the cervical intervertebral disc; cervical disc displacement; and cervical radiculitis. She was recommended to continue with Norco 10/325 mg and Soma 350 mg. Prior utilization review dated 08/12/2014 denied her request for hydrocodone, Norco and Soma due to a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)Antispasmodics Page(s): 63-65.

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

Decision rationale: The above MTUS guidelines for soma state "Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, note from 5/22/14 as well as 7/17/14 shows that the patient is on soma, which exceeds the 3 week recommendation per guidelines. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request of Soma 350mg #60 is not medically necessary and appropriate.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug listHydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."In this case, note from 7/17/14 does not address the 4 A's regarding activities of daily living or analgesia; instead it states "pain level 8-9/10, Patient states the neck pain increased since last visit." Note from 7/17/14 only addresses the adverse side effects and aberrant behaviors by stating "Patient states she is currently taking multiple medications" and the toxicology note from 6/11/14. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The recommendation for non-certification of medications does not imply a recommendation of abrupt cessation of the medication. Any

medical order must be considered by the treating physician in accordance with the appropriate standard of care to avoid any adverse consequences which may occur with changes in the treatment regimen. Therefore, the request for Norco 10/325mg #30 is not medically necessary and appropriate.

Hydrocodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, note from 7/17/14 does not address the 4 A's regarding activities of daily living or analgesia; instead it states "pain level 8-9/10. Patient states the neck pain increased since last visit." Note from 7/17/14 only addresses the adverse side effects and aberrant behaviors by stating "Patient states she is currently taking multiple medications" and the toxicology note from 6/11/14. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The recommendation for non-certification of medications does not imply a recommendation of abrupt cessation of the medication. Any medical order must be considered by the treating physician in accordance with the appropriate standard of care to avoid any adverse consequences which may occur with changes in the treatment regimen. As such, the request of Hydrocodone 10/325mg #120 is not medically necessary and appropriate.