

Case Number:	CM14-0137459		
Date Assigned:	09/05/2014	Date of Injury:	08/24/1997
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
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 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:

According to the provided documents, this is a 30-year-old with a date of injury of 6/24/97. The mechanism of injury is not mentioned. There are complaints of neck pain, right worse than left and lower worse than upper. Pain radiates down the right arm, lateral right forearm and right hand with numbness and paresthesias per a 1/9/14 progress report. At that time, medications were Soma 350 mg twice a day as needed for spasms, Motrin 800 mg 3 times a day, Relafen 500 mg 3 times a day, several medications for hypertension and diabetes, Ativan 0.5 mg as needed, Norco 10/325 mg 4 times a day as needed for pain and Ultram ER 100 mg. The Ultram had reportedly caused diarrhea. It was discontinued. The patient underwent 5 level cervical radiofrequency nerve compression/rhizotomy/neurotomy on 6/12/14. A 4/3/14 report indicates that the patient's axial neck pain was becoming increasingly more painful and aggravated. A 5/29/14 report indicates no change in the patient's medication for the chronic pain. Hydrocodone was said to provide improvement of patient's pain and 50% improvement in the patient's activities of daily living such as self-care and dressing. A 6/24/14 report documents the patient had the radiofrequency ablation but does not mention the response to the procedure. Medications were unchanged and Norco was again said to reduce pain by 50% and increased function by 50%. The 7/24/14 report said that the procedure gave the patient 50% reduction in pain; the patient was given hydrocodone 10/325 mg #120. This quantity does not reflect that the patient had any reduction in the Norco use (also known as hydrocodone) despite the reported relief from the radiofrequency ablation. Note is also made that all of the hydrocodone (also known as Norco) is routinely prescribed on an "as needed basis" the patient is always given 120 tablets a month. There is no mention of the actual quantity that the patient has used each month and no mention of the amount she already has on hand. Note is made that if the patient takes it regularly every 6 hours 4 times a day that that is not an as needed use. The gabapentin and the carisoprodol (Soma)

were also refilled. The 8/21/14 report states the patient has neck pain, right worse than left lower worse than upper radiating to the right arm, lateral right forearm and right hand with associated numbness and parenthesis. It states the patient's hydrocodone, gabapentin and soma were denied. Patient requested a medical legal report appealing the denied medications. There is reference from the 7/24/14 that the urine drug screen was consistent with medications. The current medication list included Soma 350 mg twice a day as needed for spasms, Neurontin 800 mg 3 times a day, Relafen 500 mg twice a day, several medications for nonindustrial chronic illnesses, Norco 10/325 mg 4 times a day as needed for pain, and medical "THC". On exam there is reduced range of motion in all directions of the neck. Tenderness over the muscles positive, surfeit cervical facet joint maneuvers positive, nerve root tension signs on the right reflexes were 2+ and symmetrical in the upper extremities muscle strength was 5/5. There are 15 diagnoses; the 1st 3 diagnoses are for procedures, radiofrequency nerve ablation, and facet joint medial branch blocks in the cervical spine. There was cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain/strain with the last 6 diagnoses being related to nonindustrial illnesses. There is documentation that each one of the medications, carisoprodol hydrocodone and gabapentin reduce patient's pain/spasms with 50% improvement in the activities of daily living such as self-care and dressing. Not mentioned are multiple other more strenuous activities of daily living such as housekeeping, cooking, grocery shopping, climbing stairs etc. An explanation for continuing the carisoprodol does not mention the patient was given Robaxin and Ativan, another muscle relaxant and a benzodiazepine respectively. The prescription of the hydrocodone is being requested so that the patient can return in 4 weeks for refill and have her next appointment 2 months from 7/24/14. There is also mention of a prescription for Tizanidine for use with spasms. There was mention of an up-to-date pain contract there is mention of a discussion of risk and benefits of long-term opiate use being discussed with the patient and notation that there was no adverse effects on the patient and no aberrant behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for two prescriptions of Hydrocone 10/325mg # 120 between 7/24/2014 and 7/24/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-75, 78-79.

Decision rationale: Norco is one brand name for hydrocodone, an opiate combined with acetaminophen, an analgesic. Hydrocodone is a short acting opioid analgesic. Use of this medication has been chronic since at least January 2014. MTUS guidelines state that ongoing management of opiates should include the lowest possible dose to improve pain and function. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side

effects, and aberrant drug taking behaviors). Reports state that medications in reduce the pain by 50% and improve function by 50% this is not exclusive to the Norco use and there is no quantification of what the specific effect from the Norco is in terms of pain relief with and without use of the opiate. Although this is being prescribed prn the documents indicate patient regularly gets #120 per month and there is no documentation of any accountability for whether not the patient uses them all up each month. Therefore it is not clear how the statement that the patient's not evidencing any aberrant behavior is justified. This patient could easily be diverting them or hoarding them. MTUS guidelines also state that opiates should be discontinued when there is no overall improvement in function which is also not documented in the reports. There is no evidence that the chronic use of the opiates has resulted in less dependence on medical care as the patient continues to be seen on a monthly basis and has had invasive pain management procedures for the ongoing neck pain. The documentation of this patient's daily function is extremely limited (able to do self-care and dressing), thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

Retrospective request for two prescriptions of Carisprodol 350mg, #60 between 7/24/2014 and 7/24/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol ; muscle relaxants Page(s): 29; 63-65.

Decision rationale: Submitted medical reports indicate this patient's use of soma has been chronic, exceeding 90 days. This patient's use, as documented in the available reports is clearly chronic and ongoing since at least January 2014. MTUS guidelines note that carisoprodol is problematic because it has synergistic effects with opiates and can produce euphoria; patients rapidly develop tolerance and dependence to it. Guidelines state that this medication is not recommended. Nothing in the medical reports provided any rationale for why this patient should continue to use this chronically, therefore based upon the evidence and the guidelines, this is not considered medically necessary.

Retrospective request for two prescriptions for Gabapentin 800mg, #90 between 7/24/2014 and 7/24/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic's Page(s): 16-19.

Decision rationale: Use of this medication has been chronic, since at least January 2014. Patient continues to have radicular symptoms in the right upper extremity documented in the medical reports. Although this medication is said to have reduced the patient's pain by 50%, the medical reports state that each of the patient's medications reduces pain by 50%. There is no documentation that use of the gabapentin has resulted in less frequent or lower dose usage of

opiate or that it has resulted in any specific functional benefit including specific activities of daily living or a reduction in dependence on medical care. While MTUS guidelines do support this medication for treatment of neuropathy, MTUS guidelines do not support continuing medications unless the use results in functional benefit. Thus, based upon the guidelines in the evidence, this is not medically necessary.

