

Case Number:	CM14-0139901		
Date Assigned:	09/08/2014	Date of Injury:	11/03/2003
Decision Date:	11/19/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 58-year-old female who sustained a work related injury on 11/03/2003 while pulling files from a filing cabinet. She has a previous history of repetitive motion injury. Additionally, a door struck her arm while holding a clipboard that caused her left arm, elbow and hand pain. Her most recent PR-2's indicate that pain and numbness continues in her arms, left greater than right in the C6 distribution and that grasping is difficult. Sleep is better with Elavil. She also has a right ring finger trigger, as well as a flexor tendon nodule of her right thumb. On physical examination she has a positive Spurling's, decreased sensation along the left arm in the C6 distribution and decreased left grip strength. Previous electromyography/nerve conduction velocity (EMG/NCS) studies dated 04/18/2008 and 06/04/2012 reveal mild carpal tunnel syndrome, mild bilateral ulnar neuropathy at the elbow and mild slowing of the sensory branch of the median nerve through the carpal tunnel on the right and mild slowing of sensory and motor branch of the ulnar nerve across the elbow on the right. Previous surgical procedures include a right carpal tunnel release and right ulnar nerve sub muscular transposition. Cervical MRI dated 1/13/2011 identifies multi-level disc desiccation with 3-4mm disc protrusion centrally and foraminal stenosis at C4-5 and C6-7. Per the 01/22/2014 note, the patient was prescribed transdermal medications to 'minimize pain, avoid side effects of some oral medications and reduce or avoid the need for narcotic alternative therapies'. She has recently undergone an epidural steroid injection and is taking oral pain medications. In dispute is a decision for Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

Decision rationale: Opioid Classifications: Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (greater than 5mg/tab) and acetaminophen (greater than 500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Oxycodone with Acetaminophen is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Per the 01/22/2014 note, the patient was prescribed transdermal medications to 'minimize pain, avoid side effects of some oral medications and reduce or avoid the need for narcotic alternative therapies'. Based upon this, and the fact that there is no documentation of functional improvement, decrease in pain intensity, duration or characterization and no documentation of improvement in performance of activities of daily living, the request is determined as not medically necessary.

Soma 350mg QTY:90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Carisoprodol

Decision rationale: Carisoprodol is not recommended or indicated for long-term use and is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function.

Intoxication includes the effects of both Carisoprodol and Meprobamate, both of which act on different neurotransmitters. In addition, the American Geriatrics Society (AGS) updated Beers criteria for inappropriate medication use which includes Carisoprodol. This is a list of potentially inappropriate medications for older adults. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Therefore, this request is not medically necessary.