

Case Number:	CM14-0152977		
Date Assigned:	09/23/2014	Date of Injury:	02/17/2000
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 54-year-old female who sustained an injury on 2/17/00. As per the 9/18/14 report, she presented with constant, sharp, aching, cramping, and shooting pain in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, left elbow, bilateral hips, chest wall, bilateral hands, bilateral knees, bilateral low back, right ankle/foot, and groin. She rated the pain at worse as 5/10 with medications and 7/10 without. Examination revealed tender hypertonic bilateral mid trapezius muscles and severely restricted neck ROM in all planes of movement. She is status post previous lumbar discectomy and fusion surgery. She is currently on Lunesta, Ativan, Hydrocodone-Acetaminophen, and Fentanyl. On 8/24/14 she presented early as she ran out of Soma and had a neck pain flare-up. Soma was discontinued due to non-authorizations and a trial of tizanidine was recommended during the 9/5/14 visit and a trial of Lidoderm 5% patch and Voltaren 1% gel were also recommended. Medications are helpful in increasing her daily function without causing intolerable side effects and she finds herself immobile and bedbound due to the pain without her current medication regimen and her function is markedly decreased. She is on a gradual and progressive daily stretching regimen to help minimize chronic pain. Diagnoses include post-laminectomy syndrome of cervical region, cervicgia, headache, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, pain in joint involving lower leg, and pelvic region pain. The request for Hydrocodone-Acetaminophen 10-325mg #240, Soma 350mg (Carisoprodol) #90, Ativan 1mg TABS (Lorazepam) was felt medically not necessary but a one month supply was allowed for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10-325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78.

Decision rationale: Per CA MTUS guidelines, Norco (Hydrocodone + Acetaminophen) is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "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 non-adherent) drug-related behaviors. The medical records do not show any significant improvement in pain level (i.e. VAS) or function with its use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Furthermore, the request indicates that the IW is taking large number of Norco; conversion to long-acting opioids (i.e. Fentanyl in this case) should be considered when continuous around the clock pain management with large amount of short-acting opioids is desired. Therefore, the medical necessity for Norco 10/325mg # 240, has not been established based on guidelines.

Soma 350mg (Carisoprodol) #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines,Soma Page(s): 29.

Decision rationale: Per CA MTUS guidelines, 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). 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 no evidence of substantial spasm, refractory to first line therapy. There is no evidence of any significant improvement with chronic use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary in accordance to guidelines.

Ativan 1mg TABS (Lorazepam): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per CA MTUS guidelines, long-term use of Benzodiazepines is not recommended because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the indication for Ativan is not clear (i.e. anxiety, insomnia, muscle spasm, etc.). Furthermore, there is no documentation of any significant improvement in function specific with the use of Ativan. Thus, the request is considered not medically necessary in accordance to guidelines and due to lack of documentation.