

Case Number:	CM14-0185579		
Date Assigned:	11/13/2014	Date of Injury:	04/18/2005
Decision Date:	12/19/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine, and is licensed to practice in Colorado. 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:

61 year old female with chronic right forearm and elbow pain and left hand / wrist pain from repetitive lifting on the job, continues follow up with treating physician. Per the records supplied, date of injury is unclear. (Referenced as 4/18/2005, 5/1/2005, and 8/2005) Patient has failed to improve with medications, physical therapy and TENS unit. (TENS unit did help some in PT sessions, but no assessment after that of its efficacy) Pain ratings stable at 5-6/10 at all visits, per records supplied. No urine drug screen results available for review. Treating physician requests continued refill of Hydrocodone and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, and 88-89.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were

helpful. When re-assessing pain levels and improvement in function, it should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated clinical assessment tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. Do not decrease dose if effective. Medication for breakthrough pain may be helpful in limiting overall medication. Follow up evaluations are recommended every 1-6 months. To summarize the above, the 4A's of Drug Monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking Behaviors) have been established. 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. (Passik, 2000) Several circumstances need to be considered when determining to discontinue opioids: Per the records for the patient of concern, she has not had measurable improvement in pain, and has had no documented improvement in function with her current regimen which includes Hydrocodone. While one of the notes mentions that patient is high risk for opioid misuse and should be having regular urine drug screens, only one urine drug screen has been ordered, per the records, and no results were available for review. Without evidence that the patient has improved with regard to function and pain on opioids, the Hydrocodone refill request is not medically necessary.

Soma 350 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 29, 63, and 65.

Decision rationale: Per the Guidelines, muscle relaxants, comprised of anti-spasmodics and anti-spasticity drugs, can be recommended as second line, short term options for treatment of low back pain. Studies suggest that muscle relaxants can decrease pain and muscle tension, thereby improving mobility / flexibility. However, the studies do not show any benefit of muscle relaxants over non-steroidal anti-inflammatory drugs, or in combination with non-steroidal anti-inflammatory drugs, for low back pain. The effects of muscle relaxants appear to decrease over time, and none of the anti-spasmodics are recommended for use longer than 2-3 weeks. Long term use of some of the muscle relaxants, including Carisoprodol (Soma), may result in dependence. While Carisoprodol is one of the most commonly prescribed muscle relaxants, it is not recommended for use per the Guidelines, due to its potential for abuse. Carisoprodol is metabolized to meprobamate, a schedule IV substance. Carisoprodol is abused for its own effects, but it has also been shown to alter the effects of other drugs such as: (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"). (Reeves, 1999)(Reeves, 2001) (Reeves, 2008) (Schears, 2004) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005). Carisoprodol has also been shown to

have a withdrawal syndrome characterized by insomnia, vomiting, tremor, muscle twitches, anxiety, and ataxia, with no known treatment for patients with dependence. Carisoprodol was approved before FDA required proof of efficacy and safety. Based on the Guidelines, Carisoprodol (Soma) is not a recommended medication for use in pain management. The request for Soma is not medically necessary.