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| Case Number: | CM14-0028928 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 09/24/2007 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Internal 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:

The injured worker (IW) is a 54-year-old woman who worked as a Volunteer Program Coordinator who sustained an industrial injury to the low back, neck, heel, and shoulder on September 24, 2007. She was in a motor vehicle accident in which she was hit by an 18-wheeler. Cervical MRI dated January 28, 2009 revealed status-post discectomy and fusion at C6-C7; 1cm right paracentral extruded disc at C6-C7 compressing the thecal sac and displacing it to the left and causing moderate-significant spinal stenosis; bulging disc at C4-C5 and C5-C6 causing mild spinal stenosis. MRI of the left shoulder dated December 16, 2009 revealed mechanical impingement. Lumbar MRI with and without contrast dated November 15, 2010 revealed no significant change in intervertebral discs or fusion at L4-L5, previous complex cystic mass in the left pelvis no longer present, moderate-severe central and lateral recess stenosis at L3-L4 that was unchanged, moderate foraminal stenosis at L3-L4 without impingement and without progression. Prior surgeries include: Cervical discectomy and fusion at C6-C7 in 1994; global fusion of L4-L5 on October 16, 2007; microscopic anterior cervical discectomy at C4-C5 and C5-C6, anterior cervical fusion, insertion PEEK cages, anterior stabilization using spinal plate, and local bone graft on May 19, 2009; cervical epidural steroid injection with 100% pain relief for 3 weeks, then 60% relief for 3 months on February 17, 2010, Caudal epidural steroid injection with 50% decrease in leg pain and decreased back pain on February 24, 2010; radiofrequency medial branch neurotomy at left L4-L5 and L5-S1 with reasonable relief on April 9, 2012; repeat left lumbar radiofrequency with decreased pain, improved sleep, and decreased medication use on March 17, 2013; diagnostic medial branch blocks at right C3-C4, C4-C5 and C5-C6 on May 29, 2013; right cervical frequency with decreased pain on October 17, 2013. Prior conservative treatment has included physical therapy, acupuncture, TENS, neck brace, Ibuprofen 800mg, home exercise program, orthopedic pillow, Norco 10/325mg, modified duty, cervical

brace, yoga, psychotherapy, Maxalt, Ambien, Methadone, Soma 350mg, Lyrica, Gabapentin, Diazepam, Celebrex, Ativan, Trazadone, Citalopram, Topamax, Meclizine, aquatic therapy, Promethazine, OxyContin 20mg, Tizanidine, trigger point injections, massage therapy, Piriformis injections, Buprenorphine, and Thermacare heat wraps. Pursuant to the medical record dated February 20, 2014, the IW is doing very well following the radiofrequency. She has recent onset of tightness and discomfort in the left low back. Objectively, some difficulty sitting was noted. Cervical extension and rotation were improved. Treatment will consist of Oxycontin 20mg daily, Norco 10/325mg every 4 to 8 hrs as needed, Ibuprofen 800mg TID, Thermacare heat wraps for the neck and low back, Soma 325mg every 6 hours as needed. A noted dated July 25, 2013 noted that the IW needed a refill of her Oxycontin 20mg, Norco 10/325mg, Soma 325mg, Ibuprofen 800mg, and Thermacare heat wraps outlying that the IW was been taking the mentioned medications for more that a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG EVERY 4-6 HOURS AS NEEDED #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate use Page(s): 74-96. Decision based on Non-MTUS Citation Pain, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Norco 10/325 mg every 4 to 6 hours as needed #150 is not medically necessary. The guidelines enumerate the recommendations for prescribing opiates from pages 74 through 96 of the Chronic Pain Medical Treatment Guidelines. For ongoing management for long-term opiate use, the medical record must reflect ongoing review documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the 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, increase level of function improve quality of life. Opiates are efficacious in the short term. Failure to respond to a time-limited course of opiates has led to the suggestion of reassessment and reconsideration of alternative therapy. In this case, Norco is helpful, however, there is no recent change in its use (dosing). The medical record contains limited information regarding how much improvement there is and what monitoring is being done. Prior certification of Norco was at #180 to allow the provider to show that this amount is necessary, helpful for functionality and that appropriate monitoring is taking place. In the subsequent two visits the Norco prescribing amount had been decreased to #150 and then to #90 pills per month, respectively. Moreover, the IW is taking Oxycontin in addition to the Norco. The additive effects of Opiates are of major concern. The request for Norco 10/325 mg 1 to 2 tablets every 4 to 6 hours as needed at the #150 is not medically necessary. Based on the clinical information in the medical record in addition to the peer-reviewed evidence-based guidelines for Norco 10/325 1 to 2 tablets every 4 to 6 hours, as needed, #150 is not medically necessary.

SOMA 350 MG EVERY 6 HOURS AS NEEDED #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 29.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment guidelines, Soma 350 mg every six hours, as needed, #90 is not medically necessary and Soma is not recommended by the MTUS guidelines. Soma is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule IV controlled substance). The drug's main effects are due to generalized sedation and treatment of anxiety. Abuses have been noted for the sedative and relaxant effects. Soma is not recommended by the MTUS guidelines. In this case, a review of the medical record disclosed Soma had been requested and denied in prior reviews. There is no documentation in the medical record to indicate why the injured worker should be considered outside the treatment guidelines. This drug is not recommended because of the adverse side effect profile that includes, but is not limited to, cognitive impairment, memory, motivation and mood but also has a high risk for misuse, dependency and frank addiction especially when combined with other opiates and other sedatives. Notably, the injured worker takes Norco (outlined above) and Oxycontin 20mg. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines Soma 350 every six hours as needed #90 is not medically necessary.