

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0031232 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 03/30/2010 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/15/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 patient is a 36-year-old female injured worker with date of injury 3/30/10 with related neck pain that radiated to the right arm, right hand pain, and low back pain that radiated to the right leg. The examination of the lumbar spine revealed mild tenderness at the L4-L5 levels. Straight leg raise was positive on the right, and negative on the left. MRI (magnetic resonance imaging) of the cervical spine dated 12/21/12 revealed cervical straightening; minor annular bulge of the C4-C5 and mild annular bulge of the C5-C6 intervertebral discs, mild central canal stenosis at both levels with mild left C5-C6 neural foraminal narrowing; mild developmental central canal stenosis at the C4 and C5 levels. MRI of the lumbar spine dated 12/21/12 revealed small broadbased protrusion of the L5-S1 intervertebral disc extending from the right of midline through the left laterally with annular fissuring/high intensity zone abutting the left S1 nerve root; small broad-based central protrusion of the L4-L5 intervertebral disc with annular fissuring/high intensity zone mildly flattening the anterior aspect of the thecal sac; mild degenerative changes of the L3-L4 intervertebral disc. The patient has been treated with medication management. The documentation provided for review does not indicate that physical therapy has been utilized. The date of utilization review decision was 1/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325MG #60.: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids "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. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). 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." A review of the available medical records reveal no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The request is not medically necessary.

SOMA 350MG #60 FOR SPASM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

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

Decision rationale: Per MTUS guidelines, "Not recommended. 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). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. 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." As this medication is not recommended by MTUS, it is not medically necessary.

NAPROXEN FOR PAIN SWELLING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Section non-steroidal anti-inflammatory drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 37 & 67.

Decision rationale: With regard to the use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain, the MTUS states "recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." In this case, as the request does not contain information regarding quantity or dosage, medical necessity cannot be affirmed.