

Case Number:	CM14-0054770		
Date Assigned:	07/07/2014	Date of Injury:	03/27/2002
Decision Date:	08/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 32 year old male presenting with chronic pain following a work related injury on 3/27/2002. On 4/7/2014, the claimant complained of 3/10 lower back pain with radiation to the upper lumbar and lower thoracic region that was burning and stabbing quality. According the medical records, claimant was able to work fulltime with modified duty. The physical exam was significant for antalgic gait, decreased lumbar range of motion, muscle spasming in the paralumbar spinal muscles, allodynia and widespread regional discomfort of lower lumbar spine and sacroiliack area, left paralumbar focal circumscribed trigger points with positive twitch response and referred localized non-radicular pain and positive Yoeman's and Patrick's maneuver. The claimant was diagnosed with sacroilitis, postlaminectomy syndrome of the lumbar region, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis and fasciitis. The claimant's medications include Lyrica, Neurontin, anti-depressants, opioids, muscle relaxers. The claimant received trigger point injections, sacroiliac injections and fusion of L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics, page(s) 64 Page(s): 64.

Decision rationale: Flexeril is not medically necessary for the client's chronic medical condition. Flexeril is Cyclobenzaprine. The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, The California MTUS states that Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The California MTUS states the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long-term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

Oxycontin 80mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Oxycontin 80mg # 90 with 3 refills is not medically necessary. The California MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function previous opioid therapy. Additionally, Oxycontin 80mg three times per day is recommended for malignant pain. This dosage is not appropriate in this case; therefore, the requested medication is not medically necessary.

Soma 350mg #30 with 3 refills: Upheld

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

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

Decision rationale: Soma is not medically necessary. The California MTUS states that Soma is not recommended. This medication is not indicated for long-term use. Carisoprodol is commonly prescribed, centrally acting skeletal muscle relaxant and his primary active metabolite is meprobamate (schedule for controlled substances). Carisoprodol is now scheduled in several states but not on the federal level. Since suggested that the main affect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sentences and relaxants effects. In regular basis to maintain concern is the cannulation of medical date. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following:

Increasing sedation of benzodiazepines or alcohol; used to prevent side effects of cocaine; use with tramadol to produce relaxation and euphoria; as a combination with hydrocodone, and affected some abusers claim is similar to heroin; the combination with codeine. There was a 300% increase in numbers of emergency room episodes related to Terrace Woodall from 1994-2005. Intoxication appears to include subjective 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. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. This is similar to withdrawal from meprobamate. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of a stroke. Another option is to switch to Phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of Phenobarbital is 500 mg per day and the taper is 3 mg per day with a slower taper in an outpatient setting. Tapering should be individualized to reach patient. There was no specific time limit for the prescription of this medication or a weaning protocol; therefore, Soma is not medically necessary.

Left Lumbar Trigger Point Injection/Sacroiliac Joint Injection with Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injection, page(s) 84 Page(s): 84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvic Joint, Treatment consideration.

Decision rationale: Left lumbar trigger point injection/Sacroiliac Joint Injection with Ultrasound is not medically necessary. The California MTUS guidelines which states that trigger point injections are recommended for low back or neck pain with myofascial pain syndrome, when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The claimant's medical records do not document the presence or palpation of trigger points upon palpation of a twitch response along the area of the neck where the injection is to be performed; therefore the requested service is not medically necessary. Sacroiliac Joint injections are not medically necessary. The California MTUS does not make recommendations on sacroiliac joint injections. The Official Disability Guidelines recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed. The reviewed records document that the claimant participated in a home exercise program but without the length of time and response to the therapy; therefore the sacroiliac joint injections are not medically necessary.