

Case Number:	CM14-0081192		
Date Assigned:	08/08/2014	Date of Injury:	07/01/1998
Decision Date:	10/30/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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, Pain Medicine and is licensed to practice in Texas. 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 57 year old female who sustained an injury on 07/01/1998 while scraping off ink with a scraper on a repetitive basis. The injured worker has been followed for chronic complaints of neck and low back pain as well as radiating pain in the upper and lower extremities. The injured worker did undergo a prior cervical fusion. The injured worker is noted to have been maintained on chronic opioid therapy. The injured worker's urine drug screen results were notable for both barbiturates as well as methamphetamines in addition to prescribed Soma and Hydrocodone. The clinical report dated 05/15/14 noted that the injured worker had continued difficulty walking on physical exam with an antalgic gait present. There was diffuse tenderness to palpation in the lumbar region. It is noted that the injured worker had a prior history of methamphetamine use and this was discussed with the injured worker. The requested medications were denied on 05/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Refill for Soma (unknown dosage, quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma, soprodol 350, Vanadom, generic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current MTUS evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxant use is not established in the clinical literature. There is no indication from the clinical reports that there has been any recent exacerbation of chronic pain or any evidence of a recent acute injury. There is clear evidence of non-compliance and illicit drug use that would preclude further prescriptions for this medication. Furthermore, the request is not specific in terms of quantity, frequency, duration, or dose. Therefore, in review of the clinical documentation provided, the requested Soma would not be supported as medically necessary per current evidence based guideline recommendations.

(1) Refill for MSContin (Unknown dosage, quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a narcotic such as MSContin can be considered an option in the treatment of severe musculoskeletal pain. The benefits obtained from narcotics diminish over time and guidelines recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of MSContin. No specific pain improvement was attributed to the use of this medication. The clinical documentation also noted indications of non-compliance and illicit drug use that would preclude further use of this narcotic medication. Furthermore, the request is not specific in terms of quantity, frequency, duration, or dose. As there is insufficient evidence to support the ongoing use of MSContin, this reviewer does not recommend this request as medically necessary per MTUS guidelines.

(1) Refill for Norco (Unknown dosage, quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a narcotic such as Norco can be considered an option in the treatment of severe musculoskeletal pain. The benefits obtained from narcotics diminish over time and guidelines recommend that there be ongoing indications of

functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also noted indications of non-compliance and illicit drug use that would preclude further use of this narcotic medication. Furthermore, the request is not specific in terms of quantity, frequency, duration, or dose. As there is insufficient evidence to support the ongoing use of Norco, this reviewer does not recommend this request as medically necessary per MTUS guidelines.

(1) Refill for Compazine (unknown dosage, quantity): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ANTI-EMETICS

Decision rationale: Per current evidence based guidelines, anti-emetic medications such as Compazine are indicated to address nausea and vomiting but are not recommended to address side effects from prescribed medications such as narcotics. The recommendation is to alter a patient's medication regimen to avoid side effects. Furthermore the request is not specific in terms of dose, frequency, quantity, or duration. In review of the clinical documentation provided, the requested Compazine would not be supported as medically necessary per current evidence based guideline recommendations.

12 Monthly Pain Management Follow-ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Dept of Labor and Employment, 4/27/2007, pg 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, OFFICE VISITS

Decision rationale: The clinical documentation provided for review does not support the ongoing use of medications for a 12 month period of time that would warrant another 12 monthly pain management visits. Although the injured worker will reasonably require additional follow ups to manage weaning from medications, this would not support 12 additional monthly visits. Per current evidence based guidelines, there should be clear need for office visits in terms of treatment decisions. As this is not supported for an additional 12 months, the request is not medically necessary.