

Case Number:	CM14-0085301		
Date Assigned:	07/23/2014	Date of Injury:	03/29/2002
Decision Date:	10/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 61-year-old female with a 3/29/02 date of injury. The mechanism of injury occurred when a wheelchair student rolled into a lake and the patient entered the lake to help extract the student from the wheelchair. According to an appeal note dated 5/6/14, the patient had severe persistent back pain with muscle spasms. She had severe shoulder pain and severe right knee pain and upper extremity symptoms. She has had a proven track record of improvement in function with her medications. She has been stable with a small amount of morphine and used Norco for breakthrough pain. She has been using about 3 or 4 Soma per day for muscle spasms. She has been able to do activities of daily living with medications she cannot do without. The provider also stated that her urine drug screens in the past have been consistent. Objective findings: spasm and guarding noted in lumbar spine, lumbar spine sensation intact to light touch and pinprick bilaterally in lower extremities. Treatment to date: medication management, activity modification, physical therapy, ESI. A UR decision dated 5/12/14 denied the retrospective requests for Morphine, Hydrocodone/APAP, and Soma. Regarding Morphine and Hydrocodone/APAP, opiates may be continued if the patient has returned to work and has improved functioning and pain. This does not appear to be the case for this patient. Moreover, the patient appears to have psychological comorbidities given her diagnosis of major depression. Regarding Soma, this medication would not be indicated particularly considering the patient's concurrent use of hydrocodone. There is an effect that some abusers claim is similar to heroin, referred to as a "Las Vegas Cocktail".

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive: Soma 350mg #100 (DOS 3/28/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Muscle Relaxants (For Pain)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. 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. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. It is noted that the patient has been taking Soma since at least 8/6/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, the patient is also taking the opioid medications Morphine and Hydrocodone/APAP. Guidelines do not support the use of Soma and opioids due to the risk of adverse effects, such as sedation. Furthermore, there is no documentation that the patient has had an acute exacerbation to her pain. Therefore, the request for Retroactive: Soma 350mg #100 (DOS 3/28/2014) is not medically necessary.

Retroactive: Hydrocodone/APAP #90 (DOS 3/28/2014 and 4/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids, criteria for use and Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2002 date of injury, which is over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints to treatment. In addition, it is noted that prior UR reviews have recommended weaning the patient off of Hydrocodone/APAP, there is no documentation that the provider has addressed the issue of weaning. Therefore, the request for Retroactive: Hydrocodone/APAP #90 (DOS 3/28/2014 and 4/24/2014) is not medically necessary.

Retroactive: Morphine Sulfate CR 15mg #30 (DOS 3/28/2014 and 4/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Opioids for chronic pain and Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2002 date of injury, which is over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints to treatment. In addition, it is noted that prior UR reviews have recommended weaning the patient off of Morphine, there is no documentation that the provider has addressed the issue of weaning. Therefore, the request for Retroactive: Morphine Sulfate CR 15mg #30 (DOS 3/28/2014 and 4/24/2014) is not medically necessary.