

Case Number:	CM14-0114302		
Date Assigned:	08/04/2014	Date of Injury:	12/08/2006
Decision Date:	05/06/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who sustained an industrial injury on 12/08/2006. Diagnoses include cervical and lumbar stenosis, lumbar radiculopathy, status post left L4-5 and L5-S1 laminotomy, status post ACDF at C3-4 and C4-5 and status post ACDF at C5-6 and C6-7 with later hardware removal. Treatment to date has included medications, surgery and epidural steroid injections (ESI). Diagnostics performed to date included x-rays, CT scans, MRIs, labs and lower extremity electrodiagnostic studies. According to the progress notes dated 2/18/15, the Injured Worker reported constant achiness and stiffness in the neck and low back pain with lower extremity symptoms. It was stated the ESIs did not provide any pain relief and the medications decrease his pain by approximately 75%. The requested treatments, Hydrocodone and Soma, were included in the treatment plan due to the continuing need for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 / 325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for HYDROCODONE 10/325MG #120. Per 06/12/14 progress report, the patient is taking Norco, Soma, Naproxen and Prilosec. "8/10 with medication ...Medications help him relieve his pain and increase his activity by approximately 70%. These medications especially help him during his long drives for work. He denies side effects to the medication." The patient has been utilizing Norco since at least 04/17/14. Work status is unknown. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's analgesia, ADLs, adverse side effects, and adverse behavior, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the treater discusses analgesia and side-effects, but the treater doesn't discuss all 4 A's as required by MTUS guidelines. The treater provides a statement indicating that the medication help the patient increase his activity, especially help him during his long drives for work. However, no pain scales are provided. The patient appears to be working which satisfies the ADL portion of the four A's. But there is opiate monitoring for side effects or aberrant drug seeking behavior such as UDS's and CURES reports. No outcome measures are provided either. Given the lack of adequate documentation as required by MTUS Guidelines, the request IS NOT medically necessary.

Soma 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol)Muscle relaxants Page(s): 29, 63-66.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and lower extremity. The request is for SOMA 350MG #60. Per 06/12/14 progress report, the patient is taking Norco, Soma, Naproxen and Prilosec. "8/10 with medication. Medications help him relieve his pain and increase his activity by approximately 70%. These medications especially help him during his long drives for work. He denies side effects to the medication." Work status is unknown. MTUS guidelines page 29 do not recommend Soma (Carisoprodol). 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). MTUS page 63-66 state, Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. In this case, the patient has been utilizing Soma since at least 04/17/14. The treater does provide documentation regarding this medications efficacy. However, this medication appears to have

been used for a long-term. The treater does not explain that this is to be used for short-term. Given that the MTUS guidelines only support a short-term use of this medication (2-3 weeks), the request IS NOT medically necessary.

Medication Panel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding labs for NSAIDS Page(s): 70.

Decision rationale: This patient has a date of injury of 12/8/06 and presents with ongoing back and neck pain. The current request is for MEDICATION PANEL. The patient's medication regimen includes Norco, Soma, Naproxen and Prilosec. Progress report dated 05/15/14 and Request for Authorization dated 05/15/14 recommends a medication panel, including a CBC, kidney and liver function test. The Utilization review denied the request stating that the requested medications are not certified; therefore the medication panel is not medically necessary. Regarding labs for NSAIDS, MTUS page 70 states, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." In this case, the patient has been taking Naproxen on a long term basis. There is no documentation that patient had a prior CBC, kidney and liver function tests to assess organ function from long term NSAID use. Laboratory studies including CBC and chemistry profile would be medically indicated for this patient. The MTUS does support periodic lab monitoring and the request IS medically necessary.