

Case Number:	CM14-0183418		
Date Assigned:	11/10/2014	Date of Injury:	12/05/2009
Decision Date:	01/02/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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, has a subspecialty in Interventional Spine, 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:

This patient is a 37-year-old female with a date of injury of December 5, 2009. The list of diagnoses are status post contusion of the cervical spine, contusion of the left shoulder, sprain/strain of the lumbar spine and status post left shoulder surgery on May 2012. According to progress report dated October 2, 2014, the patient presents with a flare-up of pain about her right shoulder, which she rates as 7/10 on a pain scale. She also has complaints of low back pain, anxiety and depression. The patient is currently not working. Examination revealed tenderness over the anterior capsules about the bilateral shoulders. There were muscle spasms and myofascial trigger points noted over the upper trap and scapular musculature. Examination of the lumbar spine revealed tenderness over the bilateral lumbar paraspinal musculature and muscle spasms were noted. The patient's current medication regimen includes Soma, Norco, Lyrica, Robaxin, Motrin and Ativan. Urine drug screen from September 9, 2014 was inconsistent with the medications prescribed, not detecting soma, Lyrica and Ativan. Patient states that she takes her medications "during flare-ups." Treatment plan included refill of medications. Utilization review denied the request on October 20, 2014. Treatment reports from April 17, 2014 through October 2, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg #140, for the service date of 10/2/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

Decision rationale: This patient presents with chronic neck, low back and bilateral shoulder pain. This is a retrospective request for Norco 10/325mg #140, for the service date of October 2, 2014. MTUS Guidelines pages 88 and 89 state, "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 4As (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. Review of the medical file indicates the patient has been utilizing Norco since at least April 17, 2014. In this case, recommendation for further use of Norco cannot be supported as the treater does not provide specific functional improvement, or changes in ADLs as required by MTUS for long term opiate use. There is no change in work status or return to work to show significant functional improvement. Progress reports continually indicate current pain level but there is no before and after pain scale to denote decrease in pain. Urine drugs screens are provided to check for compliance, with one recent inconsistent screening which the treater noted in his 10/2/14 report. However, other aberrant issues are not discussed such as CURES, early refills or lost meds, etc. In addition, the treater has not provided any discussion regarding adverse side effects with medication usage. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. Recommendation is for denial and slow weaning per the MTUS Guidelines.

Retrospective request for Norco 10/325mg #140, for the service date of 10/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89,78.

Decision rationale: This patient presents with chronic neck, low back and bilateral shoulder pain. This is a retrospective request for Norco 10/325mg #140, for the service date of October 17, 2014. MTUS Guidelines pages 88 and 89 state, "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 4As (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. Review of the medical file indicates the patient has been utilizing Norco since at least April 17, 2014. In this case, recommendation for further use of Norco cannot be supported as the treater does not provide specific functional improvement, or changes in ADLs as required by MTUS for long term opiate use. There is no

change in work status or return to work to show significant functional improvement. Progress reports continually indicate current pain level but there is no before and after pain scale to denote decrease in pain. Urine drugs screens are provided to check for compliance, with one recent inconsistent screening which the treater noted in his 10/2/14 report. However, other aberrant issues are not discussed such as CURES, early refills or lost meds, etc. In addition, the treater has not provided any discussion regarding adverse side effects with medication usage. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. Recommendation is for denial and slow weaning per the MTUS Guidelines.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: This patient presents with chronic neck, low back and bilateral shoulder pain. The current request is for Soma 350mg #90. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The MTUS specifically states for Soma that the maximum recommendation for usage is for a 2-3 week period. The patient has been utilizing Soma for muscle spasms since at least 4/17/14. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.