

Case Number:	CM14-0185420		
Date Assigned:	11/13/2014	Date of Injury:	09/22/2000
Decision Date:	03/12/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 53 year old female with a date of injury of 09/22/2000. In 1999 she had a low back injury with a disability rating of 28% after lifting some boxes. Then on 09/22/2000 she slipped and fell. On 11/13/2000 she had early degenerative changes on a cervical x-ray. Diagnoses include lumbago/low back pain, cervicgia, and myofascial pain syndrome. She has been treated with injections, myofascial release, physical therapy, trigger point injections, multiple medications including Ultram, Norco, Ibuprofen, Vicodin, Zanaflex, Soma (carisoprodol) and lumbar/cervical rhizotomy. On 01/15/2002 she was determined to be permanent and stationary (P&S). She had resolution of cervical symptoms prior to a motor vehicle accident (MVA) in 08/2003. She worked various jobs in 2006. On 12/19/2006 and 02/22/2007 she was taking Soma. A magnetic resonance imaging (MRI) of the cervical spine on 12/16/08 showed degenerative disc disease most pronounced at the C5-6 level. In 02/2009 neck symptoms returned. She worked as a sales coordinator until 05/2010. On 08/15/2011 she had low back pain and neck pain. She had depression and an Epworth Sleepiness score of 17. Cervical and lumbar range of motion was decreased. Right shoulder range of motion was decreased. She had right shoulder impingement. The primary treating physician's report of 6/4/12 notes medications included ultram, Vicodin, wellbutrin, and zanaflex. Vicodin and zanaflex were prescribed through May 2013. The primary treating physician's report of 4/30/13 notes a prescription for Soma for 30 days with three refills. Norco was prescribed from May 2014 through September 2014. The report from the primary treating physician from 5/7/14 notes that the injured worker reported that with medication, she can be active doing self care and activities

of daily living, and that without medication she considers herself to be nonfunctional. No reports addressed functional improvement or improvement in pain as a result of specific medication. On 09/26/2014 the primary treating physician documented that the injured worker had increasing pain in the left low back, pain in the left shoulder, and that the previous left sacroiliac (SI) joint injection was wearing off. She had a decreased cervical and lumbar range of motion with cervical and lumbar tenderness. Medications as of that date included Soma and Norco. No urine drug screens or evidence of an opioid contract were included in the documentation submitted. On October 24, 2014, Utilization Review non-certified requests for Norco 10/325 #180 and Soma 350 mg #90. Utilization Review cited the California MTUS, noting that guidelines state that opioids are not recommended for long term use without evidence of functional improvement or pain reduction, and that Soma is not recommended for long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 dispensed prescription of Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

Decision rationale: The documentation indicates that the injured worker has been treated for low back pain, neck and shoulder pain with hydrocodone in the form of Vicodin and Norco for many months. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to criteria in the MTUS and other guidelines. The request for Norco 10/325 #180 is not medically necessary.

Prospective request for 1 prescription of Soma 350mg #90: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. The request for Soma 350 mg #90 is not medically necessary.