

Case Number:	CM14-0200130		
Date Assigned:	12/10/2014	Date of Injury:	01/01/1998
Decision Date:	01/26/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 sustained a work related injury on January 1, 1998, from repetitive motion, with injury noted to the neck and upper back. The injured worker was noted to have undergone a cervical fusion at C5-C6 in 1998. The surgical report was not included in the documentation supplied. The injured worker's conservative therapies were noted to have included epidural steroid injections, oral and topical medications, and a home exercise program. Physician visit dated October 23, 2014 noted the injured worker had continued neck pain with radiation to the left arm, with numbness and tingling. The injured worker also noted low back pain and headaches, possibly due to dental issues. The injured worker reported that the medications were of benefit for the neck and low back pain, with a 30-40% decrease in the pain level with the Norco, and decreased neuropathic symptoms in the left arm with the Topamax. The physician's objective findings were noted to include normal muscle tone without atrophy in all extremities, and a normal gait and station. The injured worker's current medications were noted as Capsaicin cream, Lactulose, Lidocaine ointment, Lunesta, Soma, Hydrocodone-Apap, Topamax, Lasix, and Atenolol. The injured worker's last urine toxicology screen from two months previous was noted to be consistent with the prescriptions. The physician noted the diagnoses as syndrome post-laminectomy cervical, sprain strain lumbar region, and sprain strain thoracic region. The physician requested authorization for Soma 350mg #90, and Hydrocodone-Apap 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG quantity (qty): 90: Upheld

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

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma since 2007 without clear evidence of spasm or exacerbation of neck pain. There is no justification for prolonged use of Soma. The request is not medically necessary.

Hydrocodone-APAP 10/325 MG qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear justification for the need to continue the use of Hydrocodone. The patient was previously treated with Hydrocodone without any evidence of pain and functional improvement. There is no documentation of compliance of the patient with her medications. Therefore, the prescription of Hydrocodone/APAP 10/325mg #120 is not medically necessary.