MAXIMUS Federal Services

Case Number:	CM14-0204721		
Date Assigned:	12/17/2014	Date of Injury:	02/17/2010
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine 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:

The injured worker (IW) is a 50-year-old woman with a date of injury of February 17, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right shoulder arthroscopy; and posterior cervical discectomy and fusion at C5-C7.Pursuant to the handwritten, partly illegible progress note dated October 6, 2014, the IW complains of cervical spine pain rated 5/10. The pain is described as constant, aching and more with range of motion (ROM). Right shoulder pain is moderate and aching, more with ROM. There is numbness and tingling radiating down bilateral upper extremities. She describes pain and discomfort with anything weighting over 5 pounds. Objectively, there is tenderness to palpation in the cervical spine. There is pain with cervical spine compression. The remainder of the objective documentation is illegible. Current medications include Norco 10/325mg, Soma 350mg, and Xanax 0.25mg. Documentation indicates the IW was taking Norco and relates opiates back in 2009. There are no detailed pain assessments or evidence of objective functional improvement associated with the long-tern use of opiates. Documentation indicates the IW was taking Soma and Xanax as far back as July of 2014 according to a progress note with the same date. It is unclear is these were refills or new prescriptions. There was no evidence of objective functional improvement associated with the use of Soma and Xanax. Documentation in the October 6, 2014 progress note states, "Patient does physical therapy at home and yoga. States it helps relieve pain. She is currently tasking Soma, Xanax, and Norco and it is not working at this time". A urine drug screen dated July 16, 2014 was positive for Meprobamate metabolite, and negative for Soma (Carisoprodol). This was an inconsistent result. The current request is for Norco 10/325mg #60, Soma 350mg #60, and Xanax 0.25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses as of October 6, 2014 are right shoulder arthroscopy; and anterior cervical discectomy and fusion C-5 - C7. The documentation indicates the injured worker was taking Norco and related opiates back in 2009. The date of injury is February 17 of 2010. A urine drug screen dated July 16, 2014 had a Meprobamate metabolite. This was an inconsistent result. The documentation does not contain objective functional improvement as it relates to narcotic use. Additionally, the progress note dated October 6, 2014 indicates the injured worker is currently taking Soma, Xanax, Norco and they are not working at this time. Consequently, absent clinical indication containing objective functional improvement and clinical rationale for the prolonged use of opiates, Norco 10/325 mg #60 is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 is not medically necessary. Muscle relaxes her recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses as of October 6, 2014 are right shoulder arthroscopy; and anterior cervical discectomy and fusion C-5 - C7. The documentation indicates the injured worker was taking Norco and related opiates back in 2009. The date of injury is February 17 of 2010. A urine drug screen dated July 16, 2014 had a Meprobamate metabolite. The

documentation indicates the injured worker was taking Soma as far back as July 14, 2014. It is unclear whether this is a refill or a new start prescription. The documentation is unclear, however, as to the start date for Soma. The documentation does not contain objective functional improvement entries as it relates to Soma. Additionally, Soma is indicated for short-term, less than two weeks, treatment of acute low back pain and short-term evidence in patients with exacerbations of chronic low back. The treating physician has exceeded the short-term guideline limitations and there is no evidence of an acute exacerbation of low back pain. The progress note dated October 6, 2014 indicates the injured worker is currently taking Soma, Xanax, Norco and they are not working at this time. Consequently, absent the appropriate clinical indications, guidelines, and evidence of objective functional improvement with continued Soma use, Soma 350 mg #60 is not medically necessary.

Xanax 0.25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.25 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence frank addiction. In this case, the injured workers working diagnoses as of October 6, 2014 are right shoulder arthroscopy; and anterior cervical discectomy and fusion C-5 - C7. The documentation reflects the injured worker was taking Xanax as far back as July 14, 2014. It is unclear whether this is a refill when new prescription. The start date of Xanax is unclear. The documentation does not contain evidence of objective functional improvement as it relates to Xanax. Additionally, Xanax is not recommended for long-term use and the treating physician has clearly used Xanax for longer than two weeks because long-term efficacy is unproven and there was a risk of psychological and physical dependence. Additionally, the progress note dated October 6, 2014 indicates the injured worker is currently taking Soma, Xanax, Norco and they are not working at this time. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement and exceeding the recommended guidelines, Xanax 0.25 mg #30 is not medically necessary.