

Case Number:	CM14-0074992		
Date Assigned:	07/16/2014	Date of Injury:	08/29/2011
Decision Date:	01/27/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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. The expert reviewer is Board Certified in Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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 worker is a 45 year old male who was injured on 8/29/2011 involving an automobile accident. He sought his own care initially and only years later did he present for industrially-related injuries and was treated with medications including Oxycontin, which caused side effects. He was diagnosed with post-traumatic headache, carpal tunnel syndrome, traumatic vestibular disturbance, and lumbar strain. He later reported numbness in his toes which his orthopedic physician believed was due to sciatica. He was treated with acupuncture, chiropractic treatments, and physical therapy. He was also recommended NSAIDs and Flexeril, both of which he found somewhat helpful with pain reduction and better sleep, reportedly. However, he still remained symptomatic after 4-6 weeks of conservative care and was recommended a lumbar facet joint block by his pain specialist. His neurologist suggested an epidural injection. On 5/6/14, the worker was seen by his primary treating physician reporting continual low back pain with approval for the epidural injection still pending at the time. Physical findings included tenderness of the lumbar spine. He was then recommended Norco and Soma.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that haven't already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. It was not clear if the worker had been using Norco prior to this recommendation as there was no record to suggest this. In the possibility of the worker in this case being recommended Norco for the first time, there was insufficient documentation suggesting a full assessment and preparation for Norco use took place (psychological assessment, discussion of other medication options and failures of previous medications, discussion of potential for similar side effects experienced with OxyContin in the past, etc. In the case of the worker possibly having used this medication and this is a request for renewal, there was insufficient documentation to suggest a full review was completed to assure appropriateness. In particular, there was no report on functional benefit with Norco use. Therefore, considering the evidence in either situation, the Norco would not be recommended and would be medically unnecessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was a report of him using Flexeril already prior to this request for Soma. It is difficult for the reviewer to know if he had completed his course of Flexeril and was intending on starting Soma without the Flexeril, or if he had already been using Soma, as this was not elucidated in the documentation. It appeared, however, based on the number of pills requested that the purpose was for more than acute care and more for chronic use as there was no evidence to suggest he had an acute flare up over and above his chronic symptoms. Therefore, considering the above, Soma would not be medically necessary.