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| Case Number: | CM15-0005158 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 02/05/2002 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old male, who sustained an industrial injury on 2/5/2002. On 1/9/15, the injured worker submitted an application for IMR for review of comprehensive multidiscipline assessment for ARP-FRP, and prescription of Tylenol #4 x100 with 3 refills, and Soma 250mg #64 with 3 refills. The physicians notes include PR-2 begin with date 2/1/13 through 12/17/14 and indicate treatment is for chronic neck and mid and left low back pain which includes numbness in the lower extremities and headaches. The diagnosis on the 12/24/14 Utilization Review included lumbar disc displacement. Treatment to date has included x-rays cervical, thoracic and lumbar spine, CT brain, and cervical epidural steroids injections, MRI thoracic and lumbar spine, discogram/post CT scan, status post anterior interbody fusion C5-6 and C6-7 with instrumentation (6/2/03) On 12/24/14 Utilization Review non-certified for the comprehensive multidiscipline assessment for ARP-FRP; Tylenol #4 x100 with 3 refills due to Tylenol #3 was certified with modification to allow for weaning on 8/8/14 per the MTUS Chronic Pain Treatment Guidelines. On this same date, Soma 250mg #64 with 3 refills is non-certified due to no prior weaning is documented per the MTUS Chronic Pain Treatment Guidelines, ACOEM Guidelines (May 2009).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 comprehensive multidiscipline assessment for APM-FRP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functiona.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 30-32.

Decision rationale: The patient is a 39 year-old male with a 2/05/2002 date of injury. According to the 12/24/14 Utilization Review letter, the multidisciplinary assessment for a Functional Restoration Program (FRP) requested on the 11/11/14 medical report was denied because the MTUS requirements for the FRP were not met. According to the 11/11/14 orthopedic report, the patient with a presents with chronic neck, mid and low back pain, and has been diagnosed with: neck pain; back pain. The patient is reported to be taking medication and was asking for different medications or a pain management program. He takes Tylenol #4 and Soma. The physician recommends a functional restoration/pain management evaluation, and continues with Tylenol #4 and Soma. The records show he has been using Tylenol #4 and Soma since 2/1/2013, and continued through 12/17/14. The available medical reports did not discuss efficacy of medications or work status. MTUS Chronic Pain Medical Treatment Guidelines, pages 30-32, under Chronic pain programs (functional restoration programs), lists the Criteria for the general use of multidisciplinary pain management programs and states all criteria must be met. The criteria include: "The patient has a significant loss of ability to function independently resulting from the chronic pain" and "the patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change" & Negative predictors of success above have been addressed including: (1) a negative relationship with the employer/supervisor;(2) poor work adjustment and satisfaction;(3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability)(5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time;(8) prevalence of opioid use; and(9) pre-treatment levels of pain. The available reports do not show that the patient meets the MTUS requirements for a chronic pain program/functional restoration program. There is no discussion of motivation to change, willingness to forgo secondary gain; loss of ability of function independently; discussion of work satisfaction, outlook on future employment, negative or positive relationship with employer/supervisor. The request for Comprehensive multidisciplinary assessment for APM-FRP is not medically necessary.

1 prescription of Tylenol #4 QTY: 100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioids, On-going Management.

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

Decision rationale: The patient is a 39 year-old male with a 2/05/2002 date of injury. According to the 12/24/14 Utilization Review letter, the Tylenol #4 requested on the 11/11/14 medical

report was denied because there was no documented functional improvement. According to the 11/11/14 orthopedic report, the patient with a presents with chronic neck, mid and low back pain, and has been diagnosed with: neck pain; back pain. The patient is reported to be taking medication and was asking for different medications or a pain management program. He takes Tylenol #4 and Soma. The physician recommends a functional restoration/pain management evaluation, and continues with Tylenol #4 and Soma. The records show he has been using Tylenol #4 and Soma since 2/1/2013, and continued through 12/17/14. The available medical reports did not discuss efficacy of medications, assessment of function or pain, or work status. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment criteria for use of opioids Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Tylenol #4. MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for 1 prescription of Tylenol #4, QTY:100 with 3 refills, is not medically necessary.

1 prescription of Soma 250mg #64 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management.

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

Decision rationale: The patient is a 39 year-old male with a 2/05/2002 date of injury. According to the 12/24/14 Utilization Review letter, the Soma 350 mg requested on the 11/11/14 medical report was denied because it is not recommended for long-term use. According to the 11/11/14 orthopedic report, the patient with a presents with chronic neck, mid and low back pain, and has been diagnosed with: neck pain; back pain. The patient is reported to be taking medication and was asking for different medications or a pain management program. He takes Tylenol #4 and Soma. The physician recommends a functional restoration/pain management evaluation, and continues with Tylenol #4 and Soma. The records show he has been using Tylenol #4 and Soma since 2/1/2013, and continued through 12/17/14. The available medical reports did not discuss efficacy of medications, assessment of function or pain, or work status. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use" MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. The patient has been using Soma for over a year since at least 2/1/2013. MTUS does not recommend use of Soma over 3-weeks. The continued use is not in

accordance with MTUS guidelines. The request for 1 prescription of Soma 350mg, #64 with 3 refills IS NOT medically necessary.