MAXIMUS Federal Services

Case Number:	CM15-0137576		
Date Assigned:	07/27/2015	Date of Injury:	09/01/1999
Decision Date:	09/22/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on September 1, 1999. He reported low back pain, neck pain, upper extremity pain and lower extremity pain. The injured worker was diagnosed as having post cervical laminectomy syndrome, cervical pain, cervical radiculitis, insomnia and neuropathy. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the cervical spine, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain, neck pain with bilateral upper extremity pain, bilateral neuropathic foot and hand pain and associated insomnia secondary to pain. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 24, 2014, revealed continued pain as noted. He reported increased neuropathic pain in the bilateral feet and hands. He rated his pain at 3 on a 1-10 scale with 10 being the worst. He noted the pain could go up to 10 with certain activities. He reported abdominal bloating and forgetfulness with medication use however felt the benefit outweigh the side effects. Soma and Norco were continued. Evaluation on January 21, 2015, revealed continued pain as noted. He rated his pain at 3.5/10 with 10 being the worst pain. He reported no new symptoms and noted the pain would go up to 10 with certain activities. It was noted magnetic resonance imaging of the brain revealed no abnormalities. It was noted he was scheduled for hand surgery. Soma and Norco were continued. Evaluation on June 26, 2015, revealed increasing chronic pain over the years. He continued to rate his pain at 3.5/10-10/10 with 10 being the worst depending on the activity type. He reported the pain interfered with

mood, activity and sleep and was associated with incontinence, numbness, tingling and weakness. Soma 350mg #270 with 2 refills and Norco 10/325mg #90 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case there was no documentation of any objective improvement in function or reduction in pain as a result of opioid use. In fact, the record indicates his neuropathy is getting worse. There was not an evaluation of appropriate opioid use. The last urine drug screen available in the record was in November of 2014. At that time, cannabinoids were present but opioids were not. The record does not indicate any follow up discussion with this worker regarding these results. In this case, there is insufficient documentation of the assessment of pain, function and appropriate use of opioids to substantiate the request for Norco. Therefore the request is not medically necessary.

Soma 350mg #270 with 2 refills: Upheld

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

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

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Soma are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Soma is not recommended for

chronic use and specifically is not recommended for longer than 2-3 weeks. Furthermore, there is no documentation of any objective improvement in pain or function in this case, even after having been on this medication for several months. Therefore the request is not medically necessary.