

Case Number:	CM15-0137874		
Date Assigned:	07/27/2015	Date of Injury:	11/13/2013
Decision Date:	09/02/2015	UR Denial Date:	07/10/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 29-year-old male sustained an industrial injury to the neck and back on 11/13/13. Documentation did not disclose previous treatment or magnetic resonance imaging. In the only documentation submitted for review, a PR-2 date 6/24/15, the injured worker complained of pain to the cervical spine with radiation to the right shoulder, lumbar spine with radiation to bilateral lower extremities associated with numbness and tingling and right shoulder. The injured worker rated his pain 8-9/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal and bilateral trapezius muscle with spasms, positive Spurling's and decreased range of motion, lumbar spine with tenderness to palpation to bilateral sacroiliac joint and paraspinal musculature with spasms, positive bilateral straight leg raise and decreased range of motion and right shoulder with tenderness to palpation, decreased range of motion, spasms and positive impingement sign. Current diagnoses included cervical spine sprain/strain, lumbar spine radiculopathy and right shoulder sprain/strain. The physician noted that the injured worker had been on chronic opioid therapy for over 10 months, was clearly dependent and possibly addicted to opioid painkiller medications. The injured worker had chronic pain and had failed tapering opioids. The treatment plan included requesting authorization for a NESP-R program consultation and prescriptions for 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 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids. 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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Norco or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed, therefore is not medically necessary. It should be noted that the injured worker has a history of addiction and the UR physician has certified a modification of the request for the purpose of weaning.

Soma 350mg #30: Upheld

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

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

Decision rationale: Per MTUS CPMTG p29, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. "The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the

purpose of weaning.