

Case Number:	CM15-0164041		
Date Assigned:	09/01/2015	Date of Injury:	06/09/1999
Decision Date:	10/26/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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 45 year old female, who sustained an industrial injury on June 9, 1999. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck and arm pain. The diagnoses have included brachial neuritis or radiculitis, cervicgia, insomnia, anxiety, depression and cervical post-laminectomy syndrome. Treatment and evaluation to date has included medications, MRI, greater than 24 physical therapy treatments, greater than 24 chiropractic treatments, greater than 24 acupuncture treatments, numerous epidural steroid injections, a home exercise program and a cervical fusion in 2004. The injured worker was noted to be permanent and stationary. The current work status was not identified. The most current documentation dated July 1, 2015 notes that the injured worker reported increased neck, low back and bilateral upper extremities pain. Associated symptoms included spasms and constant numbness, tingling and weakness of the both upper extremities extending to the fingertips. The pain was rated a 5-6 out of 10 on the visual analogue scale with medications. Average pain was noted to be a 5-6 out of 10 with medications. The current medications were noted to be keeping the injured worker functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. Examination of the cervical spine revealed tenderness of the paraspinal muscles and a decreased range of motion. A Spurling's maneuver and a Hoffman's sign were negative. The treating physician's plan of care included requests for Soma 350 mg tablets, one by mouth every 6-8 hours as needed for spasm # 100, Morphine Sulfate 30 mg, one by mouth every 4 hours as needed for pain # 180 and Morphine Sulfate 30 mg, one by mouth every 4 hours as needed for pain # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tablets, one by mouth every 6-8 hours as needed for spasm QTY: 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with neck and bilateral upper extremity pain with numbness, tingling and weakness rated 5-6/10 with medications and 10/10 without medications. The patient is status post cervical fusion at C4-5 in 2004. The request is for Soma 350mg tablets, one by mouth every 6-8 hours as needed for spasm QTY: 100. RFA with the request not provided. Patient's diagnosis includes brachial neuritis or radiculitis NOS, cervicalgia, and postlaminectomy syndrome cervical region. Physical examination of the cervical spine on 07/01/15 revealed tenderness to the paraspinal muscles and a decreased range of motion. Treatment to date has included surgery, injections, imaging studies, chiropractic, physical therapy, acupuncture and medications. Patient's medications include Soma, Morphine Sulfate, Percocet and Gabapentin. The patient is permanent and stationary. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects." Soma has been included in patient's medications, per progress reports dated 07/01/15 and 07/27/15. It is not known when this medication was initiated. Per 07/27/15 report, treater states "Medications prescribed are medically necessary as they provide analgesia, help the patient to better perform valued ADL's, improve affect and overall quality of life without any intolerable side effects...I have reviewed outside records, which included the most recent UDS, online CURES, and UR documents." However, MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). The patient has been prescribed Soma at least since 07/01/15, which is more than one month from UR date of 08/13/15. The request for additional prescription of antispasmodic Soma would exceed guideline recommendations. Furthermore, additional prescription of Soma quantity 100 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Morphine Sulfate 30mg, one by mouth every 4 hours as needed for pain QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with neck and bilateral upper extremity pain with numbness, tingling and weakness rated 5-6/10 with medications and 10/10 without medications. The patient is status post cervical fusion at C4-5 in 2004. The request is for Morphine Sulfate 30mg, one by mouth every 4 hours as needed for pain QTY: 180. RFA with the request not provided. Patient's diagnosis includes brachial neuritis or radiculitis NOS, cervicgia, and postlaminectomy syndrome cervical region. Physical examination of the cervical spine on 07/01/15 revealed tenderness to the paraspinal muscles and a decreased range of motion. Treatment to date has included surgery, injections, imaging studies, chiropractic, physical therapy, acupuncture and medications. Patient's medications include Soma, Morphine Sulfate, Percocet and Gabapentin. The patient is permanent and stationary. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Morphine Sulfate has been included in patient's medications, per progress reports dated 07/01/15 and 07/27/15. It is not known when this medication was initiated. Per 07/27/15 report, treater states "Medications prescribed are medically necessary as they provide analgesia, help the patient to better perform valued ADL's, improve affect and overall quality of life without any intolerable side effects...I have reviewed outside records, which included the most recent UDS, online CURES, and UR documents." In this case, treater has addressed analgesia, but has not discussed how Morphine Sulfate significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS results were not discussed. There are no specific discussions regarding aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. There is lack of documentation to substantiate continuation of this medication based on guidelines. Furthermore, the patient is concurrently prescribed Percocet. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Therefore, the request is not medically necessary.

Percocet 10/325mg, one by mouth every four times a day as needed QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 07/01/15 progress report provided by treating physician, the patient presents with neck and bilateral upper extremity pain with numbness, tingling and weakness rated 5-6/10 with medications and 10/10 without medications. The patient is status post cervical fusion at C4-5 in 2004. The request is for Percocet 10/325mg, one by mouth every four times a day as needed QTY: 120. RFA with the request not provided. Patient's diagnosis includes brachial neuritis or radiculitis NOS, cervicgia, and postlaminectomy syndrome cervical region. Physical examination of the cervical spine on 07/01/15 revealed tenderness to the paraspinal muscles and a decreased range of motion. Treatment to date has included surgery, injections, imaging studies, chiropractic, physical therapy, acupuncture and medications. Patient's medications include Soma, Morphine Sulfate, Percocet and Gabapentin. The patient is permanent and stationary. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Percocet has been included in patient's medications, per progress reports dated 07/01/15 and 07/27/15. It is not known when this medication was initiated. Per 07/27/15 report, treater states "Medications prescribed are medically necessary as they provide analgesia, help the patient to better perform valued ADL's, improve affect and overall quality of life without any intolerable side effects...I have reviewed outside records, which included the most recent UDS, online CURES, and UR documents." Per 07/27/15 report, treater states "Medications prescribed are medically necessary as they provide analgesia, help the patient to better perform valued ADL's, improve affect and overall quality of life without any intolerable side effects...I have reviewed outside records, which included the most recent UDS, online CURES, and UR documents." In this case, treater has addressed analgesia, but has not discussed how Morphine Sulfate significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS results were not discussed. There are no specific discussions regarding aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4 A's. There is lack of documentation to substantiate continuation of this medication based on guidelines. Furthermore, the patient is concurrently prescribed Morphine Sulfate. MTUS does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Therefore, the request is not medically necessary.

