MAXIMUS Federal Services

Case Number:	CM15-0182773		
Date Assigned:	09/23/2015	Date of Injury:	08/27/1999
Decision Date:	10/28/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 72 -year-old female who sustained industrial injuries on August 27, 1999. Diagnoses have included post laminectomy syndrome 2001, lumbosacral radiculopathy, frozen shoulder, head injury, and rotator cuff injury. Documented treatment includes right shoulder surgery 5-27-2014, regular walking stating she "keeps moving"; bracing; traction; massage; an epidural on 3-2012; unspecified numbers of chiropractic, acupuncture, aquatherapy, and physical therapy treatments; and, medication including Butrans stated to bring pain from 7 out of 10 to 5; Norco bringing pain to 3 out of 10; and, Soma for spasms. The 8-5-2015 physician's note states medication enables her to "stay ahead of pain and be able to function," but she tries to minimize use during the day. She reports difficulty with some activities of daily living including foot care and tying shoes. Pain is stated to become worse with weather changes, walking, bending, coughing and sneezing. The injured worker continues to present with low back pain with leg weakness. The physician objectively notes constant pacing, shifting, "problems with extension," weakness, and decreased neck range of motion and hand coordination. The treating physician's plan of care includes Soma 90 count with 2 refills; Norco 90 with 2 refills; and 4 Butrans 20mcg per hour every week with 2 refills. All medications were denied as requested on 8-24-1015 with "wean dose given" for each. The injured worker has retired and is no longer working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 by mouth three times a day #90 with 2 refills: 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome with lumbar spine surgery in 2001. Medications include Butrans with decreased pain from 7/10 to 5/10 and Norco with decreased pain to 3/10. Medications are referenced as allowing her to function with improved activity tolerance and allowing her to take care of her grandchildren up to five days per week. When seen, she was having ongoing back and leg pain. Physical examination findings included a normal body mass index. She was noted to be pacing and shifting positions. There was decreased cervical spine range of motion and she had problems with lumbar extension. She had decreased hand coordination. There was right lower extremity numbness and weakness of the right tibialis anterior. There was an abnormal gait. Medications were refilled. Soma (carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, other medications and treatments would be considered appropriate for the claimant's condition. Prescribing Soma is not considered medically necessary.

Norco 10/325mg 1 by moth three times a day #90 refills: 2: Overturned

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, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome with lumbar spine surgery in 2001. Medications include Butrans with decreased pain from 7/10 to 5/10 and Norco with decreased pain to 3/10. Medications are referenced as allowing her to function with improved activity tolerance and allowing her to take care of her grandchildren up to five days per week. When seen, she was having ongoing back and leg pain. Physical examination findings included a normal body mass index. She was noted to be pacing and shifting positions. There was decreased cervical spine range of motion and she had problems with lumbar extension. She had decreased hand coordination. There was right lower extremity numbness and weakness of the right tibialis anterior. There was an abnormal gait. Medications

were refilled. The total MED (morphine equivalent dose) was 70 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living, activity tolerance, and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Butrans 20mcg/hr every week #4 refills: 2: 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): Buprenorphine. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary and Other Medical Treatment Guidelines Butrans prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in August 1999 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome with lumbar spine surgery in 2001. Medications include Butrans with decreased pain from 7/10 to 5/10 and Norco with decreased pain to 3/10. Medications are referenced as allowing her to function with improved activity tolerance and allowing her to take care of her grandchildren up to five days per week. When seen, she was having ongoing back and leg pain. Physical examination findings included a normal body mass index. She was noted to be pacing and shifting positions. There was decreased cervical spine range of motion and she had problems with lumbar extension. She had decreased hand coordination. There was right lower extremity numbness and weakness of the right tibialis anterior. There was an abnormal gait. Medications were refilled. The total MED (morphine equivalent dose) was 70 mg per day.Butrans is reserved for use in patients for whom alternative treatment options including immediate-release opioids are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain. It is a partial agonist with a very high affinity for the opioid receptor. Prescribing Butrans with another opioid medication such as hydrocodone would be expected to decrease the efficacy of the hydrocodone and there are other available sustained release opioid medications that could be considered. Norco continues to be prescribed. Prescribing Butrans is not appropriate or medically necessary.