

Case Number:	CM15-0189661		
Date Assigned:	10/02/2015	Date of Injury:	04/02/2006
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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 58 year old male who sustained an industrial injury on 4-2-06. A review of the medical records indicates he is undergoing treatment for status post laminectomy and decompression with instrumentation of the cervical spine on 8-1-06, status post repeat cervical intervention on 8-2-06 secondary to postoperative weakness, C5 tetraplegia - American Spinal Injury Association classification D, neurogenic bladder, neurogenic bowel, spasticity interfering with function, pain, status post botox for cervical dystonia on 6-25-14. Medical records (2-17-15 to 7-28-15) indicate ongoing complaints of "spasticity". The records indicate that "spasticity" is the barrier to primary function. The physical exam (7-28-15) reveals "less head tilt". The treating provider indicates that he has "improved" cervical range of motion "but still limited in all directions". The motor function exam reveals the following of the left upper extremity: "C5 - 5, C6 - 5, C7 - 4, C8 - 3, T1 - 2-3". Motor strength of the left lower extremity is "L2 - 3-4, L3 - 4-5, L4 - 4-5, L5 - 3-4, S1 - 4". Right upper extremity and right lower extremity were noted as "5 out of 5". Pin prick sensation is impaired on the right as compared to the left. No diagnostic studies are included in the provided records. Treatment has included a Botox injection in 2014, as well as medications. His current (7-28-15) medications include Baclofen, Soma, and Vicodin. He has been receiving all medications since, at least, 2-17-15. Other treatment has included a fitness program of stretching, cardiovascular, and strength training. Effects on activities of daily living are not included in the provided records. The utilization review (9-1-15) includes requests for authorization of Vicodin 5-300 #120 every 6 hours as needed for pain - neck and low back, as

well as Soma 350mg #90 every 8 hours as needed for muscle spasm - neck and low back. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #120 po q6 prn for pain: 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, Opioids for chronic pain.

Decision rationale: The 58 year old patient presents with midline low back pain, muscle spasticity, Brown-Sequard syndrome, and isolated cervical dystonia, as per prescription dated 07/06/15. The request is for Vicodin 5/300mg #120 po q6 prn for pain. There is no RFA for this case, and the patient's date of injury is 04/02/06. The patient is status post cervical laminectomy and decompression with instrumentation on 08/01/06 and status post a repeat intervention on 08/02/06, as per progress report dated 07/28/15. Diagnoses also included C5 tetraplegia, neurogenic bladder, neurogenic bowel, spasticity interfering with function, and pain. The patient is also status post Botox for cervical dystonia. Medications included Vicodin, Soma and Baclofen. The reports do not document the patient's work status. 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 4As (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. In this case, Vicodin is first noted in progress report dated 02/17/15. It is not clear when this medication was initiated. As per progress report dated 07/28/15, the patient uses Baclofen and Soma on a regular basis, and uses Vicodin only when pain worsens. The treater states the patient has been on this medication regimen for a long time, and "this low dose combination has been best for his spasticity and pain." The report also indicates that increase in the dose of medication separately led to side effect of sedation. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No UDS or CURES reports available for review to

address aberrant behavior. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.

Soma 350mg #90 po q8 hrs prn for muscle spasm: 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): Muscle relaxants (for pain).

Decision rationale: The 58 year old patient presents with midline low back pain, muscle spasticity, Brown-Sequard syndrome, and isolated cervical dystonia, as per prescription dated 07/06/15. The request is for Soma 350mg #90 po q8 hrs prn for muscle spasm. There is no RFA for this case, and the patient's date of injury is 04/02/06. The patient is status post cervical laminectomy and decompression with instrumentation on 08/01/06 and status post a repeat intervention on 08/02/06, as per progress report dated 07/28/15. Diagnoses also included C5 tetraplegia, neurogenic bladder, neurogenic bowel, spasticity interfering with function, and pain. The patient is also status post Botox for cervical dystonia. Medications included Vicodin, Soma and Baclofen. The reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: 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. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "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. In this case, Soma is first noted in progress report dated 02/17/15. It is not clear when the muscle relaxant was initiated. As per progress report dated 07/28/15, the patient uses Baclofen and Soma on a regular basis, and uses Vicodin only when pain worsens. When the patient tried to decrease Soma, "spasticity got worse." The treater states the patient has been on this medication regimen for a long time, and "this low dose combination has been best for his spasticity and pain." The report also indicates that increase in the dose of medication separately led to side effect of sedation. While Soma appears to be part of a regimen that is benefiting the patient, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request is not medically necessary.