

Case Number:	CM15-0190744		
Date Assigned:	10/02/2015	Date of Injury:	06/03/2007
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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 50 year old female, who sustained an industrial injury on 6-03-2007. The injured worker was being treated for cervical disc displacement without myelopathy. Treatment to date has included diagnostics, cervical spinal surgery, physical therapy, and medications. Currently (9-10-2015), the injured worker complains of neck pain, rated 7 out of 10 (rated 9 out of 10 on 8-19-2015). She reported increased numbness and tingling in her arms-hands and interscapular pain. She reported that she had been trying to exercise, including swimming. She reported that Celebrex gives her a lot of improvement but has been unable to obtain it, along with Butrans, Lyrica, and Hydrocodone. Medications included Bupropion, Buspirone, Butrans patch, Carisoprodol, Celecoxib, Estradiol, Hydrocodone, Trazadone, and Methadone (documented as prescribed 9-10-2015). An allergy to Fentanyl was documented. A review of symptoms was positive for frequent or severe headaches, neck stiffness, muscle aches, joint pain, and sleep disturbance. The use of Soma was noted as far back as 3-2006, consistent since at least 2-2015. The use of Methadone was noted in 1-2015, at which time pain was rated 6 out of 10, although subsequent progress reports did not show Methadone under current medications. Exam of the cervical spine noted tenderness, trigger point pain, painful range of motion, motor strength 5 of 5, decreased sensation C7, C8, T1, and positive Spurling's test bilaterally. Social history did not document difficulty with activities of daily living. Her work status was not documented. Urine toxicology report (3-02-2015) noted consistent results with reported medications. The current treatment plan included Carisoprodol 350mg #90 and Methadone 10mg #30, non-certified by utilization Review on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: 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 50 year old patient complains of neck pain, rated at 7/10, radiating to numbness and tingling in arms and hands, as per progress report dated 09/10/15. The request is for Carisoprodol 350mg #90. Multiple RFAs with Soma are available for review but they are not dated. The patient's date of injury is 06/03/07. Diagnoses, as per progress report dated 09/10/15, included displacement of cervical intervertebral disc and cervicalgia. The patient is status post back surgery. Medications included Bupropion, Buspirone, Butrans patch, Carisoprodol, Celecoxib, Estradiol, Norco, Lyrica, Methadone, Metronidazole, Progesterone and Trazodone. The patient is not working, as per the same report. 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, Carisoprodol is first noted in progress report dated 08/31/06, which was reviewed in AME report dated 07/03/09. It is not clear when the medication was initiated and if the patient has been taking it consistently since then. It is, however, evident that the patient has been using Carisoprodol consistently at least since 01/13/15. As per progress report, dated 08/19/15, medications are "helping a lot." In progress report dated 06/02/15, the treater states "Pt does feel she has been maintaining on her medications." In progress report dated 05/05/15, the treater states the patient is doing well on current medications. Although Carisoprodol is part of a regimen that is helping 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.

Methadone 10mg #30: 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 50 year old patient complains of neck pain, rated at 7/10, radiating to numbness and tingling in arms and hands, as per progress report dated 09/10/15. The request is for Methadone 10mg #30. There is no RFA for this case, and the patient's date of injury is 06/03/07. Diagnoses, as per progress report dated 09/10/15, included displacement of cervical intervertebral disc and cervicgia. The patient is status post back surgery. Medications included Bupropion, Buspirone, Butrans patch, Carisoprodol, Celecoxib, Estradiol, Norco, Lyrica, Methadone, Metronidazole, Progesterone and Trazodone. The patient is not working, as per the same report. 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, Methadone is only noted in progress report dated 09/10/15. The reports also document the use of other opioids including Tylenol with codeine, Butrans patch, and Norco. As per progress report, dated 08/19/15, medications are "helping a lot." In progress report dated 06/02/15, the treater states "Pt does feel she has been maintaining on her medications." In progress report dated 05/05/15, the treater states the patient is doing well on current medications. An urine drug screen was obtained on 03/03/15. 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 CURES reports are available for review to address aberrant behavior. There is no discussion regarding side effects of Norco as well. 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.