

Case Number:	CM15-0196510		
Date Assigned:	10/12/2015	Date of Injury:	09/06/1999
Decision Date:	12/07/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 50 year old female who sustained a work-related injury on 9-6-99. Medical record documentation on 3-5-15 revealed the injured worker was being treated for neuropathic pain, anterior cervical discectomy and fusion of C5-6, cervical post-laminectomy syndrome, cervical radiculopathy, chronic neck pain, right shoulder impingement, status post right shoulder surgery, bilateral carpal tunnel release, and chronic headache. She reported bilateral neck pain, right shoulder pain and bilateral hand pain. Her OxyContin, Norco and Soma had been denied and her last doses of OxyContin, Norco and Soma were 3-3-15. Her medication regimen included Ambien, OxyContin 20 mg, Norco, Gabapentin 600 mg, Soma 350 mg, Ibuprofen 600 mg and Fioricet. Previous medications included Elavil. On 4-28-15 the injured worker reported bilateral neck pain, right shoulder pain and bilateral hand pain. Her medication regimen was unchanged from her 3-5-15 evaluation. Objective findings included tenderness to palpation over the cervical paraspinal muscles. Her right shoulder range of motion was restricted by pain in all directions and her right shoulder impingement signs (Neer's and Hawkin's) were positive. Her cervical spine range of motion was restricted in all directions with cervical extension worse than cervical flexion. Her muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. The evaluating physician noted the injured worker was up to date on her pain contract and her previous urine drug screen was consistent. She rated her pain a 4 on a 10-point scale with medications and an 8-9 on a 10-point scale without medications. The evaluating physician noted that without Norco and Oxycontin the injured worker would suffer functional decline and would be bedridden. The patient has had history of muscle spasm that was improved with Soma. Soma provided 50%

improvement in her spasms and 50% improvement in her activities of daily living such as self-care and dressing. The past medical history include GERD, HTN and DM. The patient had UDS on 8/27/15 that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list.

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

Decision rationale: Oxycontin 20mg #90 with 0 refills this is an opioid analgesic. Criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had diagnoses of neuropathic pain, anterior cervical discectomy and fusion of C5-6, cervical post-laminectomy syndrome, cervical radiculopathy, chronic neck pain, right shoulder impingement, status post right shoulder surgery, bilateral carpal tunnel release, and chronic headache. On 4-28-15 the injured worker reported bilateral neck pain, right shoulder pain and bilateral hand pain. Objective findings included tenderness to palpation over the cervical paraspinal muscles. Her right shoulder range of motion was restricted by pain in all directions and her right shoulder impingement signs (Neer's and Hawkin's) were positive. Her cervical spine range of motion was restricted in all directions with cervical extension worse than cervical flexion. Her muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Therefore the patient has chronic pain along with abnormal objective findings. The evaluating physician noted the injured worker was up to date on her pain contract and her previous urine drug screen was consistent. She rated her pain a 4 on a 10-point scale with medications and an 8-9 on a 10-point scale without medications. The evaluating physician noted that without opioids the injured worker would suffer functional decline and would be bedridden. The patient had UDS on 8/27/15 that was consistent. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary. The request of the medication Oxycontin 20mg #90 with 0 refills is medically necessary and appropriate in this patient.

Norco 10/325mg #90 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list.

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

Decision rationale: Norco 10/325mg #90 with 0 refills this is an opioid analgesic. Criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition according to the cited guidelines short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The patient had diagnoses of neuropathic pain, anterior cervical discectomy and fusion of C5-6, cervical post-laminectomy syndrome, cervical radiculopathy, chronic neck pain, right shoulder impingement, status post right shoulder surgery, bilateral carpal tunnel release, and chronic headache. On 4-28-15 the injured worker reported bilateral neck pain, right shoulder pain and bilateral hand pain. Objective findings included tenderness to palpation over the cervical paraspinal muscles. Her right shoulder range of motion was restricted by pain in all directions and her right shoulder impingement signs (Neer's and Hawkin's) were positive. Her cervical spine range of motion was restricted in all directions with cervical extension worse than cervical flexion. Her muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. Therefore the patient has chronic pain along with abnormal objective findings. The evaluating physician noted the injured worker was up to date on her pain contract and her previous urine drug screen was consistent. She rated her pain a 4 on a 10-point scale with medications and an 8-9 on a 10-point scale without medications. The evaluating physician noted that without opioids the injured worker would suffer functional decline and would be bedridden. The patient had UDS on 8/27/15 that was consistent. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat exacerbations of the pain on an as needed/prn basis. The request of the medication Norco 10/325mg #90 with 0 refills is medically necessary and appropriate in this patient.

Soma 350mg #90 with 0 refills: Upheld

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

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

Decision rationale: Soma 350mg #90 with 0 refills according to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most

commonly reported adverse effect of muscle relaxant medications. Evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain. The patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. The patient has had a chronic injury. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Soma 350mg #90 with 0 refills is not established for this patient.