

Case Number:	CM15-0197280		
Date Assigned:	10/12/2015	Date of Injury:	05/09/2002
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/07/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female, who sustained an industrial injury on 5-9-02. The injured worker is diagnosed with post cervical laminectomy syndrome, muscle spasm and cervical spondylosis without myelopathy. Her disability status was not addressed. Notes dated 4-9-15 - 7-2-15 reveals the injured worker presented with complaints of continuous neck and bilateral arm pain described as throbbing, tender, burning, nagging and miserable and is rated at 5-7 out of 10. Her pain is increased by pushing, pulling or reaching. She reports the medication allows her to get out of bed, but she continues to experience difficulty engaging in activities of daily living. A physical examination dated 7-2-15 revealed tender to palpation cervical paraspinal muscles and upper thoracic region including left scapular tension. Treatment to date has included home exercise, medications; Norco (at least 6 months), Fentanyl (at least 6 months), Soma (ordered 7-2-15) and are effective approximately 70 % of the time, per note dated 4-9-15; trigger point injections were not beneficial per note dated 7-2-15; heat therapy and massage therapy help decrease her pain per note dated 7-2-15. A urine toxicology screen was consistent per note dated 7-2-15. A request for authorization dated 9-22-15 for Fentanyl patch 75 mcg #15 with 3 refills is modified to #10 with 3 refills, Norco 10-325 mg #360 is modified to #120 with 2 refills and Soma 350 mg #30 with 2 refills is denied, per Utilization Review letter dated 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Fentanyl patch 75mg #15 with 3 refills: Upheld

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

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

Decision rationale: This claimant was injured now 13 years ago, and has been diagnosed as having a cervical post laminectomy syndrome. Per the documentation, the medicines reportedly only permit her to get out of bed, but have no other objective, functional improvement impacts documented. In regards to Opiates, Long term use like Fentanyl patches, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term Fentanyl usage is not medically necessary per MTUS guideline review.

Pharmacy purchase of Norco 10/325mg #360: 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 for chronic pain.

Decision rationale: As shared, this claimant was injured now 13 years ago, and has a cervical post laminectomy syndrome. The medicines again reportedly only permit her to get out of bed, but have no other objective, functional improvement impacts. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Pharmacy purchase of Soma 350mg #30 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).

Decision rationale: As noted previously, this claimant was injured now 13 years ago, and has a cervical post laminectomy syndrome. The medicines reportedly only permit her to get out of bed, but have no other objective, functional improvement impacts. The MTUS notes regarding Soma, also known as carisoprodol: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters (Bramness, 2007) (Bramness, 2004). Soma is not supported by evidence-based guides. Long-term use of carisoprodol, also known as Soma, in this case is especially prohibited per the MTUS due to the addictive potential and withdrawal issues. The request is not medically necessary.