

Case Number:	CM15-0203834		
Date Assigned:	10/20/2015	Date of Injury:	09/02/1994
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 58 year old female who reported an industrial injury on 9-2-1994. Her diagnoses, and or impressions, were noted to include: low back pain; and thoracic sprain. No imaging studies were noted. Her treatments were noted to include: an exercise program; Toradol injections; osteopathic manipulations of the cervical, thoracic and lumbar spine; medication management with toxicology studies (6-1-15); and rest from work. The progress notes of 9-3-2015 reported: chronic back pain with constant mid-thoracic discomfort, and associated with persistent stiffness and para-vertebral muscle spasms. The objective findings were noted to include: thoracic tenderness with somatic thoracic dysfunction of the thoracic musculoskeletal system (T6 -7); somatic lumbar dysfunction of the musculoskeletal system. His current medications were noted to include Soma 350 mg, 1 tablet every 6-8 hours as needed, but were note noted to include Norco. The physician's requests for treatment were noted to include to continue his current medications which included Soma 350 mg, 1 every 6-8 hours as needed, #270 with 3 refills; and Norco 7.5-325 mg, 1 every 4-6 hours, #120. No Request for Authorization for Norco 10-325 mg, #120, and Soma 350 mg, #150 was noted in the medical records provided. The Utilization Review of 9-22-2015 non-certified the request for Norco 10-325 mg, #120, and Soma 350 mg, #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain/Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this case, the worker was injured in 1994. Based on the documentation there is insufficient evidence to recommend the chronic use of opioids. There is no documentation of increased level of function, percentage of pain relief, duration of pain relief, a signed narcotic contract or that the injured worker has returned to work. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.

Soma 350mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). (Reeves, 1999) (Reeves, 2001) (Reeves, 2008) (Schears, 2004) (Owens, 2007) (Reeves, 2012) There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. Hospital emergency department visits involving the misuse of carisoprodol have doubled over five years, study shows. In this case, the worker is being treated for an injury in 1994 and has chronic low back pain. Muscle relaxants are recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. The submitted documentation do not demonstrate an acute exacerbation of pain. The guidelines do not recommend long term use or combination use with opioids, which the worker has been taking chronically. Therefore the request is not medically necessary.