

Case Number:	CM15-0020654		
Date Assigned:	02/10/2015	Date of Injury:	07/01/2003
Decision Date:	04/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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 53 year old female, who sustained an industrial injury on 7/01/2003. The diagnoses have included pain in joint, upper arm, other affections of shoulder region, not elsewhere classified, and myalgia and myositis, unspecified. Treatment to date has included conservative measures. Currently, the injured worker complains of increased pain in the thoracic area, T10 area, and cervical pain, C5-6 area. She also reported lumbar-sacral pain. Pain was rated 10/10, with medications. Current medications included Xanax 0.5mg three times daily, Methadone 30mg every eight hours as needed, Soma 350mg every six hours, Norco 10mg 2 tablets every four hours as needed, and Trazadone 100mg at bedtime. She also reported depression and anxiety. Exam noted tenderness to the left and right acromioclavicular joint, subacromial space, and bicipital groove, with decreased range of motion. Tenderness was also noted at the cervical, thoracic, and lumbar spine, with decreased range of motion. Laboratory reports, dated 12/03/2014, 9/05/2014, and 7/03/2014 were not consistent with prescribed medications. She recently had cervical, thoracic, and lumbar magnetic resonance imaging, but the reports were not submitted. On 1/27/2015, Utilization Review (UR) non-certified a prescription request for Soma 350mg #120, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines. The UR modified a prescription request for Methadone 10mg #300, to Methadone 10mg #243, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR modified a prescription request for Norco 10mg #240, to Norco 10mg #196, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR modified a prescription

request for Xanax 0.5mg #90, to Xanax 0.5mg #49, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/23/2015 report, this patient presents with increased pain in the thoracic area this last week and lumbar-sacral pain. The current request is for Methadone 10 Mg #300. This medication was first mentioned in the 06/05/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 06/20/2014. The patients work status is not indicated in this report. For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. The medical reports provided for review from 11/04/2014 to 01/23/2015 show documentation of pain ranging from 6/10 to 10/10 with medication; but there is no before and after analgesia is provided. USD was obtained on 12/03/2014 but the result was not discussed. There is no documentation provided discussing functional improvement or ADLs. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document the 4 A's as required by MTUS. The request IS NOT medically necessary.

Norco 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/23/2015 report, this patient presents with increased pain in the thoracic area this last week and lumbar-sacral pain. The current request is for Norco 10mg #240. This medication was first mentioned in the 06/05/2014 report; it is unknown exactly when

the patient initially started taking this medication. The request for authorization is on 06/20/2014. The patient's work status is not indicated in this report. For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant 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. The medical reports provided for review from 11/04/2014 to 01/23/2015 show documentation of pain ranging from 6/10 to 10/10 with medication; but there is no before and after analgesia is provided. UDS was obtained on 12/03/2014 but the result was not discussed. There is no documentation provided discussing functional improvement or ADL's. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document the 4 A's as required by MTUS. The request IS NOT medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 01/23/2015 report, this patient presents with increased pain in the thoracic area this last week and lumbar-sacral pain. The current request is for Soma 350mg #120. For muscle relaxants for pain, the MTUS Guidelines page 63 state Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Soma #120 and this medication was first noted in the 06/05/2014 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 01/23/2015 report, this patient presents with increased pain in the thoracic area this last week and lumbar-sacral pain. The current request is for Xanax 0.5mg #90. MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Xanax since 06/05/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.