

Case Number:	CM15-0217684		
Date Assigned:	11/09/2015	Date of Injury:	01/29/2000
Decision Date:	12/28/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/05/2015

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 56-year-old male who sustained an industrial injury on 1-29-2000 and has been treated for lumbar degenerative disc disease, fibromyalgia-myositis, knee-lower leg pain, muscle spasm, shoulder degenerative joint disease, and cervical radiculopathy. On 9-1-2015 the injured worker reported pain in the left neck, left shoulder, and upper back, which he rated as 9 out of 10 and sometimes going to 10 out of 10. He described the pain as aching. Objective findings include "no apparent loss of coordination," and abduction of the left shoulder was limited to 75 degrees with tenderness over the anterior aspect of the shoulder. Left-sided cervical paraspinal tenderness was also noted. Documented treatment includes cervical epidural steroid injections, trigger point injections, chiropractic treatments, physical therapy, home exercise, cognitive behavioral therapy, and medication including OxyContin, Restoril, and he it is noted in the provided records that he has been treated with Norco and Soma since at least 1- 2015. The physician states that he has tried to switch from Soma to Tizanidine, but there was a reported "significant" increase in pain. Medication was stated to "provide significant, partial symptomatic and functional improvement." The physician noted that an "online pharmacy report" was reviewed showing "no doctor shopping," and that there have been no "significant side effects," from medication. The note states that a pain agreement is on file, and patients are monitored through CURES reports and urine drug screening. Most recent urine screening results was not evidenced in the provided records. The treating physician's plan of care includes Norco 10-325 mg #150 which was non-certified; and, Soma 350 mg #60 which was modified to one single tablet. Determination was made 11-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150: Upheld

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

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 patient presents on 09/01/15 with pain in the neck, back, and left shoulder rated 9/10. The patient's date of injury is 01/29/00. The request is for NORCO 10/325MG #150. The RFA was not provided. Physical examination dated 09/01/15 reveals tenderness to palpation of the anterior aspect of the left shoulder and left-sided cervical paraspinal musculature, with limited range of motion of the left shoulder on abduction to about 75 degrees noted. The patient is currently prescribed Norco, Oxycontin, Restoril, and Soma. Patient's current work status is not provided. 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of opioid efficacy. Progress note dated 09/01/15 has the following regarding this patient's medications: "He reports that his medicines continue to provide significant partial symptomatic and functional improvement. He indicates that these therapies do allow him to perform essential activities of daily living." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, analgesia appears to be limited or non-existent (as the patient consistently reports 9/10 pain), the functional improvements are vague/non-specific, and there is no statement regarding a lack of aberrant behavior. While there is no evidence that this patient is inconsistent with his prescribed medications, without appropriate documentation of analgesia, functional

improvements, or a statement regarding aberrant behavior, the continuation of narcotic medications cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

Soma 350 mg #60: 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): Muscle relaxants (for pain), Carisoprodol (Soma).

Decision rationale: The patient presents on 09/01/15 with pain in the neck, back, and left shoulder rated 9/10. The patient's date of injury is 01/29/00. The request is for SOMA 350MG #60. The RFA was not provided. Physical examination dated 09/01/15 reveals tenderness to palpation of the anterior aspect of the left shoulder and left-sided cervical paraspinal musculature, with limited range of motion of the left shoulder on abduction to about 75 degrees noted. The patient is currently prescribed Norco, Oxycontin, Restoril, and Soma. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) section, page 29 states: Not recommended. This medication is not indicated for long-term use. MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain) section, pages 63-66, under Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) states: "Neither of these formulations is recommended for longer than a 2 to 3 week period." In regard to the request for 60 tablets of Soma, the provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 12/23/13. MTUS guidelines support the use of this medication for 2-3 weeks provided it is directed at an acute injury or recent flare up, this patient presents with chronic multi-focal pain. Without evidence of recent re-injury, flare-up, or acute appearance of spasms for which Soma is considered appropriate, this medication cannot be substantiated. Sixty tablets (in addition to prior use) does not imply the intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.