

Case Number:	CM15-0220264		
Date Assigned:	11/13/2015	Date of Injury:	12/01/2006
Decision Date:	12/23/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey

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:

The injured worker is a 48 year old female, who sustained an industrial injury on 12-1-06. The injured worker was diagnosed as having cervical disc degeneration and cervical radiculopathy. Subjective findings (5-26-15, 6-23-15, 7-22-15 and 8-19-15) indicated neck pain that radiates to the shoulder and right shoulder and lower back pain. The injured worker rated her pain 3-5 out of 10 with medications and 9 out of 10 without medications. Objective findings (5-26-15, 6-23-15, 7-22-15 and 8-19-15) revealed restricted neck and right shoulder range of motion, a positive Hawkin's test and a positive Spurling's test. As of the PR2 dated 9-23-15, the injured worker reports neck pain that radiates to the shoulder and right shoulder and lower back pain. She rates her pain 3 out of 10 with medications and 9 out of 10 without medications. Objective findings include restricted neck and right shoulder range of motion, a positive Hawkin's test and a positive Spurling's test. Current medications include Nuvigil, Cymbalta, Rozerem, OxyContin (since at least 1-28-15) and Soma (since at least 3-3-15). The urine drug screen on 8-19-15 was inconsistent with prescribed medications. Treatment to date has included acupuncture and a home exercise program. The Utilization Review dated 10-7-15, non-certified the request for Soma 350mg #45 and OxyContin 60mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg tablet, take one twice daily as needed #45 prescribed 9/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Carisoprodol (Soma).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, Soma was recommended for weaning, which was initiated and being tolerated, as was noted in the documentation. The worker noted using it once a day on a good day. Further weaning is recommended as this drug class is not recommended for chronic use. As the request is more than the worker requires for a continued wean, this request is not medically necessary.

Oxycontin 60mg tablet, take 1 three times a day #90 prescribed 9/23/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of this case, recent notes stated that pain medications collectively reduced pain from 9 to 3/10 VAS. However, there was no report found for how effective the OxyContin was at reducing pain or improving overall function, independent of the other medications used. Therefore, due to insufficient detail regarding benefit with use, OxyContin is not medically necessary. Weaning may be indicated.