

Case Number:	CM15-0058121		
Date Assigned:	04/02/2015	Date of Injury:	11/20/1996
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 47 year old female sustained an industrial injury to the neck on 11/20/96. Recent treatment included medications, home exercise, moist heat and stretching. In a PR-2 date 2/19/15, the injured worker complained of pain to the cervical area and bilateral upper extremity pain with tightness in muscles over various parts of the body and headaches. The injured worker rated her pain 10/10 on the visual analog scale without medications and 4/10 with medications. Current diagnoses included cervical spine myofascial pain syndrome, cervicgia, cervical spine radiculopathy, fibromyalgia, depression and chronic pain. The treatment plan included continuing medications (Duragesic patch, Cymbalta and Soma), urine toxicology screen and continuing home exercise, moist heat and stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma, Soprodol 350, Vanadom, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical myofascial pain syndrome; cervicgia; cervical radiculopathy; fibromyalgia; depression; and chronic pain. The date of injury is November 20, 1996 (19 years prior). The oldest progress note in the medical record is dated May 1, 2014. The injured worker was taking Soma and Duragesic at that time. Soma 350 mg TID, Duragesic 25 mcg two patches every 48 hours and Dilaudid 4mg one every six hours. The VAS pain score was 4/10 in May 2014. Presently, in a March 19, 2015 progress note the VAS pain score is still 4/10. The injured worker still taking Soma 350 mg TID, Duragesic 25 mcg two patches every 48 hours and Dilaudid 4mg one every six hours. Utilization review states (according to their records) the injured worker has been using Soma for #4 years. Soma is a short-term muscle relaxant indicated for less than two weeks treatment of acute low back pain on acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain. Additionally, Soma is indicated for short-term (less than two weeks) treatment. The earliest progress note dated May 1, 2014 shows the injured worker was taking Soma 350 mg three times a day. This is well in excess of the recommended guidelines for short-term (less than two weeks). Consequently, absent compelling clinical documentation in excess of the recommended guidelines for continued Soma use, Soma 350 mg #90 is not necessary.

Duragesic 25mcg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic 25mcg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical myofascial pain syndrome; cervicgia; cervical

radiculopathy; fibromyalgia; depression; and chronic pain. The date of injury is November 20, 1996 (19 years prior). The oldest progress note in the medical record is dated May 1, 2014. The injured worker was taking Soma and Duragesic at that time. Soma 350 mg TID, Duragesic 25 mcg two patches every 48 hours and Dilaudid 4mg one every six hours. The VAS pain score was 4/10 in May 2014. Presently, in a March 19, 2015 progress note the VAS pain score is still 4/10. The injured worker still taking Soma 350 mg TID, Duragesic 25 mcg two patches every 48 hours and Dilaudid 4mg one every six hours. Proper dosing for the Duragesic patch is every 72 hours. The treating provider prescribed Duragesic 25mcg two patches every 48 hours. This is in addition to Dilaudid 4 mg one every six hours. The VAS pain scales remained unchanged from May 2014 to March 2015 (4/10). There is no documentation of objective functional improvement contained in the medical record. There are no detailed pain assessments in the medical record (with ongoing long-term opiate use). There are no risk assessments in the medical record. Additionally, there is no clinical rationale with an indication for the use of two long-acting opiates taken concurrently (Duragesic and Dilaudid). Consequently, absent compelling clinical documentation with objective functional improvement in the clinical rationale for the use of two long-acting opiates taken concurrently, Duragesic 25mcg #30 is not medically necessary.