

Case Number:	CM14-0131367		
Date Assigned:	08/20/2014	Date of Injury:	06/13/2001
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old female who reported an injury on 06/13/2001 due to while driving for [REDACTED], was in a motor vehicle accident that resulted in severe whiplash injury to her cervical spine. The mechanism of injury was not submitted in report for review. Injured worker has diagnoses of status post C5-7 fusion, adjacent segment degeneration at the C7-T1 levels, history of cervical pseudo arthrosis, status post revision cervical fusion anterior and posterior and adjacent segment degeneration at L4-5 levels. Past medical treatment consists of physical therapy, medial branch blocks, surgery, and medication therapy. Medications include Lyrica, Soma, Nexium, Norco, ArmourThyroid, and MS-Contin. The On 07/09/2014 urine drug screen were submitted for review indicating that the injured worker was within the MTUS Guidelines and compliant with their medications. The injured worker has undergone fusion at the cervical spine at C5-7 level and revision of the cervical fusion at the anterior and posterior levels. On 08/18/2014, the injured worker complained of daily and constant neck pain that extended to the tops of the shoulder bilaterally. Physical examination revealed that there was tenderness to palpation in the cervical paravertebral musculature and across the trapezius bilaterally. Sensory examination revealed intact in the bilateral upper extremities. The injured worker had a flexion of 45 degrees, extension of 32 degrees, left lateral bend of 32 degrees, right lateral bend of 30 degrees, left rotation of 60 degrees, and right rotation of 65 degrees. All with pain in all planes. There was a negative hoskman's test. The injured worker's exam also revealed shoulder abduction, elbow flexion, elbow extension, wrist extension, wrist flexion, finger abduction, and thumb abduction of 5/5 bilaterally. The treatment plan is for the injured worker to continue the use of Norco, MS-Contin, Soma, and amoxicillin. The rationale behind request is the provider feels the injured worker is a candidate for cervical spine surgery. The Request for Authorization Form was submitted on 04/17/2014 and 05/29/2014.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, On-Going Management and Opioids for chronic pain Page(s): 75, 78, 80.

Decision rationale: The MTUS Chronic Pain Guidelines state that opioids appear to be efficacious but limited to short term pain relief, and long term efficacy is unclear (less than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There was no evidence to recommend 1 opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The MTUS Chronic Pain Guidelines also indicate that the use of drug screening is for the patient with documented issue of abuse, addiction, or poor pain control. The MTUS Chronic Pain Guidelines also state that an ongoing review of documentation of pain relief, functional status, and appropriate medication use and side effects be documented. 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. The documentation submitted for review indicated that the Norco 10/25 was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a urine drug screen submitted on 07/09/2014 indicating that the injured worker was in compliance with the MTUS Chronic Pain Guidelines, but there were no mention of lack of side effects. Given the above, the request for Norco 10/325 is not supported by the MTUS Chronic Pain Guidelines. Additionally, the report submitted shows that the injured worker had been on the Norco 10/325 since at least 12/09/2013. Furthermore, the request as submitted did not specify the duration and frequency of the medication. As such, the request for Norco 10/325 is not medically necessary.

MS Contin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Morphine sulfate, MS Contin) Page(s): 78, 93.

Decision rationale: The MTUS Chronic Pain Guidelines state there is to be 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. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report lacked any evidence as to how long the medication had worked for the injured worker and if it helped with any functional deficits. The submitted report revealed that the injured worker submitted a urine drug screen on 07/09/2014 showing that she was in compliance with the MTUS Chronic Pain Guidelines. However, the submitted reports also lacked any quantified evidence showing that the injured worker was improving on functional deficits. Furthermore, there are virtually no studies of opioids for treatment for chronic back pain. Given that the request did not specify a duration or a frequency, it is not within the MTUS Chronic Pain Guidelines. As such, the request for MS-Contin 30 mg is not medically necessary.

Soma 350mg #120 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend Soma. The medication is not indicated for long term or short term use. Carisoprodol (Soma) is now schedule in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. The submitted report did not indicate that the injured worker had any complaints of anxiety. Furthermore, the submitted documentation showed that the injured worker had been on Soma since at least 12/09/2013. Given the above, the injured worker is not within the MTUS Chronic Pain Guidelines. As such, the request for Soma 350 mg is not medically necessary.

Amoxicillin 500mg # 4 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com (Amoxicillin).

Decision rationale: According to drugs.com amoxicillin is a penicillin antibiotic that fights bacteria. Amoxicillin is used to treat many different types of infection caused by bacteria, such as tonsillitis, bronchitis, pneumonia, gonorrhea, and infections of the ear, nose, throat, skin, or urinary tract. Amoxicillin is also sometimes used together with another antibiotic called clarithromycin to treat stomach ulcers caused by H. Pylori infection. Given the above, the injured

worker is not within guideline criteria. The submitted report did not indicate that the injured worker had any type of infection. As such, the request for amoxicillin 500 mg is not medically necessary.