

Case Number:	CM14-0148232		
Date Assigned:	09/18/2014	Date of Injury:	04/09/2012
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old female who has submitted a claim for shoulder impingement, bilateral; lumbar sprain/strain; and, internal derangement of knee not otherwise specified, bilateral, associated with an industrial injury date of 04/09/12. Medical records from July to August 2014 were reviewed. Patient apparently sustained an injury while working in her capacity as a bus driver. She sustained a shoulder and back injury, for which was done, conservative management, physical therapy, steroid injections and medications. 08/28/14 progress report states that patient had no noted significant improvement since previous consultation. She continues to have lower back pain while walking, with knee pain, bilateral hand pain with numbness and tingling, swelling of both hands and left knee and shoulder pain. She claims that medications help in relieving stiffness, pain and improves functioning; however, it doesn't completely relieve the pain. On physical examination, there is tenderness over the bilateral shoulders as well as tenderness and spasms at the lumbar paraspinal muscles. There was likewise restricted ROM of both shoulders and lumbar spine. Motor and sensory examinations were normal. Orthopedic tests were positive for Impingement sign at bilateral shoulders and sitting SLR at bilateral lower extremity. Plan was to continue medications and for orthopedic consultation and to follow-up after 4 weeks. Treatment to date has included physical therapy and acupuncture (no documentations of which were submitted in the records for review), steroid injections and medications (Soma, Norco and capsaicin cream since at least July 2014). Utilization review date of 08/28/14 denied the requests for Soma because it is not recommended for chronic use, especially in combination with Norco; Norco because there was no documentation of the for A's for opioid management; and, capsaicin 0.1% cream because there was no indication that patient has not responded to or is intolerant to other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/soma.

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

Decision rationale: As stated on page 29 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Likewise, its efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence as Carisoprodol is metabolized to Meprobamate, an anxiolytic that is a scheduled IV controlled substance. It is not recommended for use longer than a 2 to 3 week period. In this case, there is no clear documentation of duration of Carisoprodol use, only that it must have been used since at least July 2014, exceeding the recommended 2-3 weeks of use. It is not recommended for long-term use due to the risk of dependence, especially when used with other substances such as opioids, because it augments and alters the effect of these drugs, further potentiating abuse and dependence. There has been no documentation of pain relief and improved functioning with the use of Carisoprodol. There is no clear indication for Soma at this time; therefore, the request for Soma 350mg #60 with 2 refills is not medically necessary.

Norco 5-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Also, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". In this case, the medical records are unclear regarding the duration of opiate use to date, only that it must have been used since July 2014. The records provided did not specify that patient has set goals regarding the use of opioid analgesics. A treatment failure with non-opioid analgesics is likewise not specified. There was likewise no documentation of favorable response in regards to pain control, functional improvement in patient symptoms and capacity to perform her ADLs with the use of opioid

analgesics. No urine drug screen for the prescribed medications was done. The continued review of overall situation with regards to non-opioid means of pain control is also not documented in the records provided. The records do not clearly reflect lack of adverse side effects or aberrant behavior. Therefore, the request for Norco 5/325mg #60 tablets is not medically necessary.

Capsaicin 0.1% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Topical Analgesics Page(s): 28; 111-113.

Decision rationale: As stated on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and is found to have moderate to poor efficacy with noted local adverse reactions being common (one out of three patients) but seldom serious (burning, stinging, erythema). The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, there was no documentation that patient was started on other first-line treatment like antidepressants and anticonvulsants. There was neither improvement in patient's symptom with the use of this topical analgesic, nor was there improvement in her functioning with its use. Skin reaction associated with its use is also very common. Also, there was no mention of how often and to what area the medication would be applied. The guideline likewise does not recommend capsaicin greater than 0.025% formulation. Therefore, the request for Capsaicin 0.1% cream is not medically necessary.