

Case Number:	CM14-0161680		
Date Assigned:	10/07/2014	Date of Injury:	02/17/2010
Decision Date:	11/03/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 Illinois. 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 50-year-old female who reported an injury on 02/17/2010. The mechanism of injury was due to continuous work as a bookkeeper. The injured worker has diagnosis of status post anterior cervical spine, discectomy and fusion, status post right shoulder arthroscopy, anterior subacromial decompression. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications consist of Norco, Soma, and Xanax. On 07/15/2014, the injured worker underwent a drug urinalysis showing that the injured worker was not compliant with medication prescriptions. It was noted that the injured worker was positive for Meprobamate. On 08/13/2014, the injured worker complained of cervical spine and right shoulder pain. Physical examination had a note that the injured worker had a pain rate of 4/10. Cervical spine revealed tenderness to palpation at the spinous process at C3 through C7. There was tenderness to palpation and spasm over the paravertebral, upper trapezius and interscapular muscles of the cervical spine. There was no tenderness to palpation over the sternocleidomastoid muscles of the cervical spine. It was noted that range of motion revealed flexion of 30 degrees, extension to 23 degrees, left lateral bending to 28 degrees, right lateral bending of 30 degrees, left lateral rotation of 51, degrees, and right lateral rotation of 47 degrees. Motor strength was graded at 4/5 in the deltoid biceps. Phalen's and Tinel's were positive bilaterally. Spurling's test was negative bilaterally. The medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325mg is not medically necessary. California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. 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. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. An assessment indicating pain levels before, during and after medication administration should also be submitted for review. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Norco was helping with any functional deficits. A urinalysis was submitted on 07/15/2014. However, evidence revealed that the injured worker was not compliant with prescription medications. Additionally, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: The request for Soma 350mg is medically necessary. California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The submitted reports do not indicate that the injured worker had a diagnosis of anxiety. The submitted documentation showed that the injured worker had been taking Soma since at least 07/14/2014. Additionally, the request as submitted is for Soma 350mg with a quantity of 60, also exceeding recommended guidelines for short term use. Given the above, the injured worker is not within the MTUS recommend guidelines. As such, the request is not medically necessary.

Xanax 0.25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Xanax Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 0.25mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. It was noted in the submitted documentation that the injured worker had been taking his Xanax since at least 07/2014, exceeding the recommended guidelines for short term use. There was also a lack of efficacy of the medication documented to support continuation. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, based on the documents provided for review, the request is not medically necessary.