

Case Number:	CM14-0027168		
Date Assigned:	06/13/2014	Date of Injury:	09/23/1997
Decision Date:	08/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 49-year-old female who reported injury on 09/23/1997. Mechanism of injury was not documented. The injured worker complained of acute pain in her cervical spine that radiated down to her right arm and acute right hand. She also stated that there was numbness and tingling and acute right upper arm pain. The injured worker also complained of shoulder pain. The injured worker stated that the shoulder pain flared up into the right part of her neck. There was no measurable pain level documented. Physical examination dated 02/26/2014 revealed that the range of motion of her cervical spine was restricted. It was noted that the injured worker had mid back and right shoulder pain with extension. Hypertonicity of her paravertebral muscles was noted as well as tenderness, tight muscle band and trigger points were noted on the right side and tenderness was noted on the left side. Tenderness was noted at the spinous process of C5-6. Tenderness was noted at the paracervical muscles, rhomboids and trapezius. Multiple myofascial trigger points were noted. Muscle strength was 5/5 bilaterally of the shoulder flexors and shoulder abduction was 5/5 bilaterally. Sensory examination revealed light to touch sensation was decreased over lateral hand and lateral forearm on the right side. Deep tendon reflexes revealed biceps reflex were 1/3 on the right side and 2/3 on the left side. Triceps reflex were 2/3 on the right side and 2/3 on the left side. An MRI done in 1999 revealed mild right C5 to C6 neural foraminal stenosis. The injured worker had diagnoses of unspecified myalgia and myositis, brachial neuritis or radiculitis, chronic migraine without aura with intractable migraine and other general symptom. Past medical treatments include Botox injections, trigger point injections, and medication therapy. Medications include Norco and Klonopin. There was no duration, frequency, or dosage documented in submitted report. The

current treatment plan is for Norco 10/325, Soma 350, and Klonopin 1 mg. The rationale was not submitted for review. The request for authorization form was submitted on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG 2 REFILLS: 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, Opioids for chronic pain Page(s): 75, 78, 80.

Decision rationale: The request for Norco 10/325 mg 2 refills is not medically necessary. The injured worker complained of acute pain in her cervical spine that radiated down to her right arm and acute right hand. She also stated that there was numbness and tingling and acute right upper arm pain. The injured worker also complained of shoulder pain. The injured worker stated that the shoulder pain flared up into the right part of her neck. There was no measurable pain level documented. California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids (Norco) appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>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. 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. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an 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. The documentation submitted for review indicated that Norco was helping the injured worker. However, there was no quantified information regarding pain relief. There was also no assessment regarding current pain on VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding consistent urine drug screens. In addition, there was no mention of a lack of side effects. The request as submitted did not include the frequency of the medication. Given the above, the request for ongoing use of Norco 10/325 is not supported by the California Medical Treatment Utilization Schedule Guidelines recommendations. As such, the request is not medically necessary.

SOMA 350 MG TABLET 2 REFILLS: Upheld

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

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

Decision rationale: The request for Soma 350 mg tablet 2 refills is not medically necessary. The injured worker complained of acute pain in her cervical spine that radiated down to her right arm and acute right hand. She also stated that there was numbness and tingling and acute right upper arm pain. The injured worker also complained of shoulder pain. The injured worker stated that the shoulder pain flared up into the right part of her neck. There was no measurable pain level documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Soma. This medication is not indicated for long-term or short-term use. Carisoprodol (Soma) is now scheduled 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 clinical information submitted failed to provide the efficacy of the medication to support continuation. The request as submitted did not include the frequency of the medication. Given the guidelines above, the request for Soma 350 mg tablet 2 refills is not medically necessary.

KLONOPIN 1.0 MG 2 REFILLS: Upheld

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

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

Decision rationale: The request for Klonopin 1.0 mg 2 refills is not medically necessary. The injured worker complained of acute pain in her cervical spine that radiated down to her right arm and acute right hand. She also stated that there was numbness and tingling and acute right upper arm pain. The injured worker also complained of shoulder pain. The injured worker stated that the shoulder pain flared up into the right part of her neck. There was no measurable pain level documented. California MTUS guidelines do not recommend Benzodiazepines (Klonopin) for long-term use and most guidelines limit use to 4 weeks. Given the above, it is not recommended by the MTUS that Klonopin be given to the injured worker. It is only recommended for short-term use. The documentation provided did not specify how long the injured worker has been taking this medication. There was also a lack of efficacy of the medication to support continuation. The request as submitted failed to provide the frequency. Therefore, the request for Klonopin 1 mg is not medically necessary.