

Case Number:	CM14-0175234		
Date Assigned:	10/28/2014	Date of Injury:	12/09/2003
Decision Date:	10/13/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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:

The injured worker is a 75 year old female, who sustained an industrial injury on December 9, 2003. The medical records indicate that the injured worker is undergoing treatment for cervical degeneration of the intervertebral disc, lumbar degeneration of the intervertebral disc and diffuse myofascial pain. Work status was not identified. Current documentation dated October 2, 2014 notes that the injured worker reported neck and low back pain. Objective findings included loss of both cervical and lumbar range of motion. A seated straight leg raise test was negative bilaterally. Multiple myofascial trigger points were noted in the trapezius muscles, cervical paraspinal muscles and lumbar paraspinal muscles. Documentation dated 8-26-2014, 6-27-2014 and 5-27-2015 noted the injured workers pain level to be 5-out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications, radiological studies, urine drug screen (10-2-2014), home exercise program and left thumb surgery. Current medications include Atenolol, Carisoprodol (since at least May of 2014), Diazepam, Hydrocodone-Acetaminophen (since at least May of 2014), Lipitor, Omeprazole and Lonox. The treating physician noted that the weaning process has been attempted including alternating analgesics and alternating muscle relaxants and the injured worker was unable to maintain her independence and pain control. Current requested treatments include Hydrocodone 5-325 mg # 180 and Carisoprodol 350 mg # 120. Utilization Review documentation dated October 10, 2014 non-certified the requests for Hydrocodone 5-325 mg # 180 and Carisoprodol 350 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. 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, hydrocodone/APAP (Norco) 5/325mg # 180 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 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 degeneration cervical intervertebral disc; and degeneration lumbar intervertebral disc. The date of injury is December 9, 2003. Request for authorization is October 3, 2014. According to a progress note dated June 27, 2014, card medications included Norco 5/325mg and Carisoprodol 350 mg. According to a progress note dated August 26, 2014, current medications included Norco and Soma. The documentation indicates the injured worker refused a urine drug toxicology screen. According to an October 2, 2014 progress note, subjective complaints include low back pain and neck pain. Current medications include ongoing Norco and Soma. There is no pain scale the medical record. There are no detailed pain assessments or risk assessments. There is no attempted Norco weaning documented in the medical record. The documentation does not demonstrate objective unction of the improvements to support ongoing Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, refusal of a urine drug toxicology screen, no detailed pain assessments or risk assessments, hydrocodone/APAP (Norco) 5/325mg # 180 is not medically necessary.

Carisoprodol 350 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma). 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, Carisoprodol 350mg #120 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 degeneration cervical intervertebral disc; and degeneration lumbar intervertebral disc. The date of injury is December 9, 2003. Request for authorization is October 3, 2014. According to a progress note dated June 27, 2014, card medications included Norco 5/325mg and Carisoprodol 350 mg. According to a progress note dated August 26, 2014, current medications included Norco and Soma. The documentation indicates the injured worker refused a urine drug toxicology screen. According to an October 2, 2014 progress note, subjective complaints include low back pain and neck pain. Current medications include ongoing Norco and Soma. There is no pain scale the medical record. Soma is 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. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Soma is recommended for short-term (less than two weeks). The documentation shows Soma was prescribed, at a minimum, for eight weeks. The start date is unspecified and total duration of Soma use is unclear. Documentation does not demonstrate objective functional improvement to support ongoing Soma. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, refusal of a urine drug toxicology screen, continued treatment in excess of the recommended guidelines for short-term use, no documentation demonstrating objective functional improvement and no documentation of acute low back pain or acute exacerbation of chronic low back pain, Carisoprodol 350mg #120 is not medically necessary.