

Case Number:	CM15-0111850		
Date Assigned:	06/18/2015	Date of Injury:	12/15/2004
Decision Date:	09/01/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male who reported an industrial injury on 12/15/2004. His diagnoses, and/or impressions, are noted to include: cervical neck pain status-post cervical laminectomy (3/25/11); cervical stenosis; cervical radiculopathy; cervical left bulging with foramen narrowing; and chronic pain. No current imaging studies are noted. His treatments have included an agreed medical examinations on 11/19/2008 & 4/18/2012; diagnostic imaging studies; cervical epidural steroid injection therapy; physical therapy; medication management with urine toxicology screenings; and rest from work. The records indicate accepted body parts to include the right shoulder and lower back area, and soft tissue in the neck, bilateral upper arms, and right lower arm. The progress notes of 5/20/2015 noted a follow-up visit for complaints of worsened neck pain that ranges from very mild to severe; and that he was awaiting receiving cervical epidural steroid injections for pain relief so that he can decrease his oral pain medications, which improve his pain and function. Objective findings were noted to include decreased cervical spine range-of-motion with healed surgical scars; patchy sensation to the right upper extremity; and bilateral diminished reflexes. The physician's requests for treatments were noted to include an intra-muscular Toradol injection for pain, as well as the continuation of Duragesic transdermal patches, Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Toradol injection DOS: 5/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): ACOEM, Chapter 3, Initial Approaches to Treatment, page 48.

Decision rationale: This claimant was injured in 2004 with diagnoses of cervical neck pain status-post cervical laminectomy (3/25/11); cervical stenosis; cervical radiculopathy; cervical left bulging with foramen narrowing; and chronic pain. Treatments have included diagnostic imaging studies; cervical epidural steroid injection therapy; physical therapy; medication management with urine toxicology screenings; and rest from work. As of May, there is worsened neck pain that ranges from very mild to severe. There was decreased cervical spine range-of-motion with healed surgical scars; patchy sensation to the right upper extremity; and bilateral diminished reflexes. Per the MTUS, injections should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Injections have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. Further, it is not clear in this case why oral pain medicine would not be sufficient. The request is not medically necessary.

Duragesic 50 mcg/hr transdermal patch #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45 of 127 and 88 of 127.

Decision rationale: As shared previously, this claimant was injured in 2004 with diagnoses of cervical neck pain status-post cervical laminectomy (3/25/11); cervical stenosis; cervical radiculopathy; cervical left bulging with foramen narrowing; and chronic pain. Treatments have included diagnostic imaging studies; cervical epidural steroid injection therapy; physical therapy; medication management with urine toxicology screenings; and rest from work. As of May, there is worsened neck pain that ranges from very mild to severe. There was decreased cervical spine range-of-motion with healed surgical scars; patchy sensation to the right upper extremity; and bilateral diminished reflexes. Per the MTUS, this medicine is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and

functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage via this patch is not medically necessary per MTUS guideline review.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29 of 127.

Decision rationale: As previously noted, this claimant was injured in 2004 with diagnoses of cervical neck pain status-post cervical laminectomy (3/25/11); cervical stenosis; cervical radiculopathy; cervical left bulging with foramen narrowing; and chronic pain. Treatments have included diagnostic imaging studies; cervical epidural steroid injection therapy; physical therapy; medication management with urine toxicology screenings; and rest from work. As of May, there is worsened neck pain that ranges from very mild to severe, There was decreased cervical spine range-of-motion with healed surgical scars; patchy sensation to the right upper extremity; and bilateral diminished reflexes. The MTUS notes regarding Soma, also known as carisoprodol: Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. (DHSS, 2005) Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. Intoxication includes the effects of both carisoprodol and meprobamate, both of which act on different neurotransmitters. (Bramness, 2007) (Bramness, 2004) Soma is not supported by evidence-based guides. Long-term use of carisoprodol, also known as Soma, in this case is prohibited due to the addictive potential and withdrawal issues. The request is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: As previously shared, this claimant was injured in 2004 with diagnoses of cervical neck pain status-post cervical laminectomy (3/25/11); cervical stenosis; cervical radiculopathy; cervical left bulging with foramen narrowing; and chronic pain. Treatments have included diagnostic imaging studies; cervical epidural steroid injection therapy; physical therapy; medication management with urine toxicology screenings; and rest from work. As of May, there

is worsened neck pain that ranges from very mild to severe. There was decreased cervical spine range-of-motion with healed surgical scars; patchy sensation to the right upper extremity; and bilateral diminished reflexes. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids** (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.