

Case Number:	CM15-0120024		
Date Assigned:	07/02/2015	Date of Injury:	09/13/2001
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Connecticut, California, Virginia
 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 71 year old female, who sustained an industrial injury on September 13, 2001. Treatment to date has included activity modification, oral pain medications, and topical patches. Currently, the injured worker complains of intermittent neck pain, frequent pain in the bilateral back and intermittent right toe pain. She describes her neck pain as throbbing and aching and rates her pain an 8 on a 10-point scale. She has associated cluster headaches. Her low back pain is described as sharp and throbbing and radiates to the left lower extremity. She rates her low back pain an 8 on a 10-point scale and notes that prolonged sitting, standing and walking will aggravate the pain. Her right toe pain is described as throbbing and sharp and she rates the right toe pain a 2-10 on a 10-point scale. Her right toe pain is aggravated with prolonged walking and she has developed a callous under her right toe. The injured worker reports that her pain is reduced with medications and rest. On physical examination the injured worker confirms tenderness to palpation over the cervical paraspinal muscles and has bilateral spasms. A distraction test is positive bilaterally and a foraminal compression test is positive on the right and elicits pain on the left. Her cervical range of motion is limited by pain and spasm. On examination of the lumbar spine, she has a positive Kemp's test bilaterally and Heel-toe walk reveals pain on the right. She has multi-level tenderness to palpation over the lumbar spine and her lumbar range of motion is limited by pain. She has mild tenderness over the right great toe and had cramping. The diagnoses associated with the request include lumbar spine degenerative disc disease, lumbar spine sprain/strain, cervical spine degenerative disc disease, cervical spine

sprain/strain and severe Laxhux valgus deformity of the right foot. The treatment plan includes Butrans patch, Soma and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

Soma 350 MG #60: Upheld

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

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

Decision rationale: The MTUS does not recommend use of Soma, as this medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol 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. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, due to the chronicity of the patient's symptoms

and the contraindication for use per the guidelines, the request is not considered medically necessary.

Butrans 10 MCG Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain receptor (the receptor that is thought to produce alterations in the perception of pain, including emotional response). Buprenorphine's pharmacological and safety profile makes it an attractive treatment for patients addicted to opioids. Buprenorphine's usefulness stems from its unique pharmacological and safety profile, which encourages treatment adherence and reduces the possibilities for both abuse and overdose. In this case it appears that the patient is beginning to wean from opioids (as Norco has been appropriately been modified by UR to facilitate weaning), but it is appropriate to attempt weaning without Butrans first, and therefore the request cannot be considered medically appropriate without further clarification. Therefore, the request is not medically necessary.