

Case Number:	CM15-0120494		
Date Assigned:	07/01/2015	Date of Injury:	10/27/1999
Decision Date:	09/15/2015	UR Denial Date:	06/02/2015
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: New York

Certification(s)/Specialty: Emergency 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 76 year old male who sustained an industrial injury on 10/27/1999. Treatment provided to date has included: medications (Vicodin, Mobic, Soma and Zantac), and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine (2002) showing herniated disc in C4-C7; MRI of the lumbar spine (2009) showing degenerative disc disease, a 3mm disc protrusion with mild encroachment upon the neural foramina at L4-5, and a 3mm disc protrusion with mild facet hypertrophy at L5-6; and electrodiagnostic and nerve conduction testing of the lower extremities (2008) showing lumbar radiculopathy. Other noted dates of injury documented in the medical record include: cumulative trauma dates 10/27/1998-10/27/1999. There were no noted comorbidities. On 03/26/2015, physician progress report noted complaints of continued neck pain. The pain was described as intermittent, moderate in severity and unchanged. The neck pain was reported to be associated with radiating pain into the arms and hands with numbness and tingling in the hands, and limited range of motion (ROM) and stiffness in the neck. Additional complaints included continued frequent pain throughout the bilateral wrist at the base of the thumbs (right worse than the left), and described as intermittent, slight to moderate in severity with occasional severe pain, and associated with weakness, numbness and tingling in the hands. The injured worker also reported ongoing constant, moderate to severe low back pain with associated numbness and tingling in the legs and to the feet (left greater than right), and associated with stiffness, limited ROM, and occasional spasm of the low back. Current medications include Vicodin 5/300mg and Soma 350mg. The physical exam revealed some limited ROM in the cervical spine with 2+ spasms in the trapezius muscles,

limited ROM in the lumbar spine, and positive straight leg raise on the left. The provider noted diagnoses of carpal tunnel syndrome, cervical strain/sprain, disc bulge/herniation of the cervical spine, lumbar strain, and disc bulge/herniation in the lumbar spine. Plan of care includes acupuncture treatments, continuation of current medications, and follow-up in 8 weeks. The injured worker's work status was not stated. The request for authorization and IMR (independent medical review) includes: Vicodin 5/300mg #120 and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg, #120: 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 Opioids Page(s): 74-96.

Decision rationale: CA MTUS discourages long term usage unless there is evidence of "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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends ongoing and further monitoring of chronic pain patients on opioids with physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS also recommends the discontinuation of Vicodin (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; and/or 7) improvement in function. In addition, there has been no overall measurable improvement in function or decrease in pain while taking this medication over the past year or more, and no documentation of CA MTUS opioid compliance guidelines including a risk assessment profile, updated urine drug testing, or an updated and signed pain contract between the provider and the patient. As such, Vicodin 5/300mg #120 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) and Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). According to the MTUS, Soma (carisoprodol) is not recommended and is not indicated for long-term use (more than 2-3 weeks). The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain) as they can reduce pain from muscle tension and possibly increase mobility. However, in most cases involving LBP, they provide no more benefit beyond NSAIDs in pain and overall improvement. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, clinical notes show that the injured worker has been prescribed Soma since 01/10/2014 with insufficient evidence of reduction in pain, reduction in muscle spasms, and/or improvement in function. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. Therefore, Soma 350mg #60 is not medically necessary.