

Case Number:	CM15-0175894		
Date Assigned:	09/17/2015	Date of Injury:	11/08/2007
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male, with a reported date of injury of 11-08-2007. The diagnoses include back pain, unspecified shoulder pain, neck pain, cervical spondylosis without myelopathy, thoracic spondylosis without myelopathy, and chronic pain syndrome. Treatments and evaluation to date have included Alprazolam, Carisoprodol, Gabapentin, hydrocodone-acetaminophen, Percocet (since at least 03-20-2015), and cervical spine fusion. The diagnostic studies to date have not been included in the medical records. The progress note dated 08-13-2015 indicates that the last urine toxicology was performed on 05-08-2015. The injured worker complained of continued ongoing cervical, thoracic, and lumbar spine pain. The pain radiated to the left upper extremities. The current pain level was rated 7 out of 10; the best pain level was rated 5 out of 10; and the worst pain level was 9 out 10. On 07-16-2015, the injured worker's current pain level was rated 6 out of 10; his best pain level was rated 5 out of 10; and his worst pain level was rated 9 out of 10. It was noted that he injured worker was "generally in pain for a significant period of time." The injured worker's primary complaint was pain throughout his spine and in his left arm. He stated that his pain had overall remained the same since his last visit, and that his medications were providing adequate pain relief. It was noted that the injured worker stated that he had "an appointment for an MRI on the 26th." The physical examination showed tenderness of the cervical spine muscle; mild increased pain with external rotation of the cervical spine and facet loading at C5-7; tenderness of the paraspinal muscles at right T9-11; increased pain over the facet joints T9-11 with range of motion; pain with lumbar range of motion in T9-11 on the right; negative bilateral straight leg raise test; tenderness to palpation

over the left suprascapular area; ulnar notch and nerve causing pain to the low neck; tenderness to palpation over the right lower extremity; and a normal gait. The treating physician indicates that the injured worker's pain was managed with Percocet, and he continued to have paracervical pain with spasms. It was also indicated that the injured worker took Soma with good results. The treating physician planned to add Soma on to the Percocet. The injured worker's works status was not indicated. The request for authorization was dated 08-27-2015. The treating physician requested Percocet 10-325mg #120, one tablet every 8 hours and Soma 350mg #90, one tablet three times a day. On 08-31-2015, Utilization Review (UR) non-certified the request for Percocet 10-325mg #120 and Soma 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #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): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, criteria for use.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Percocet 10/325mg #120 is not medically necessary and appropriate.

Soma 350mg #90: 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 rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2007 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of progressive deterioration in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Soma 350mg #90 is not medically necessary and appropriate.