

Case Number:	CM15-0176463		
Date Assigned:	09/17/2015	Date of Injury:	06/06/2005
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
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: Family Practice

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 48-year-old female, who sustained an industrial injury on June 6, 2005. Medical records indicate that the injured worker is undergoing treatment for cervical degeneration of the intervertebral disc, cervical disc displacement, cervical radiculitis, post-laminectomy syndrome-cervical region and anxiety disorder. The injured worker was noted to be currently disabled. Documentation dated July 29, 2015 notes that the injured worker reported bilateral cervical pain and frontal headaches. The neck pain radiated to the left upper extremity with associated weakness, numbness and tingling. The pain was rated 6-7 out of 10 on the visual analogue scale. Objective findings include paresthesia in the hand and weakness and numbness in the arm. Tenderness to palpation was present in the trapezial area. Muscle spasm was not noted. Cervical range of motion was restricted. There were no significant changes from the prior visit. Current documentation dated August 6, 2015 notes that the injured worker reported cervical pain and bilateral low back pain, which radiated to the bilateral lower extremities. Associated symptoms included weakness, numbness and tingling. The injured worker also noted a new onset of intermittent left hip pain. Cervical spine examination was unchanged from the prior visit. Lumbar spine examination was not provided. Treatment and evaluation to date has included medications, MRI, cervical epidural steroid injections, ice-heat applications and physical therapy. Current medications include Tramadol, Naproxen, Zantac, Neurontin, Baclofen, Amitriptyline and Norco (since at least December of 2014). The treating physician's request for authorization dated August 7, 2015 includes requests for Norco 10-325 mg # 120 and Soma 350 mg # 30. The Utilization Review documentation dated August 13, 2015 non-certified the request for Soma 350 mg # 30 and modified Norco to # 90 (original request # 120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, dealing with misuse & addiction.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco is not considered as medically necessary. In the Utilization Review process, the request for #120 Norco tablets was modified to provide #90 tablets. This was done to either allow weaning or additional time to assess the specific functional benefit of a chronic opioid in this patient. This action is consistent with the above- cited MTUS guidelines.

Soma 350mg #30: 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: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of carisoprodol, also known as Soma. Soma is not recommended as a treatment for chronic pain. 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. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In summary, the above-cited MTUS guidelines do not support the chronic use of Soma. The combination of Soma with an opioid is considered as unsafe. Therefore, Soma #30 tablets are not medically necessary.