MAXIMUS Federal Services

Case Number:	CM15-0075654		
Date Assigned:	04/27/2015	Date of Injury:	12/06/2013
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/21/2015

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: Internal 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 63-year-old female, who sustained an industrial injury on 12/06/2013. She reported injury to the neck and back. The injured worker was diagnosed as having cervical strain, lumbar strain, coccyx contusion, cervical degenerative disc disease pre-existing and lumbar degenerative disc disease pre-existing. Treatment to date has included medications, MRI, acupuncture, chiropractic care. According to a progress report dated 03/17/2015, the injured worker complained of neck pain with stiffness and cramping radiating to both shoulders and low back pain radiating to both hips and the right leg. Pain level was noted as mild to 3 on a scale of 1-10. Diagnoses included headache, cervical disc displacement, cervical facet syndrome, cervical radiculopathy, lumbar radiculopathy, other insomnia, anxiety and depression. Treatment plan included Soma 350 mg #90 one by mouth twice a day and a request for a 30 day supply 180 grams Gabapentin 10%/Amitriptyline 10%/Bupivicaine5%/Flurbiprofen20%/Baclofen 10%/ Dexamethasone 2%, urine drug screening and additional chiropractic therapy for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page 29. Muscle relaxants Page 63-65.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. MTUS Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. The medical records document a history of cephalgia, cervicaglia, cervical spine radiculitis neuritis, lumbago, lumbar spine radiculitis neuritis, and insomnia. Medical records indicate the long-term use of muscle relaxants, which is not supported by MTUS guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS Chronic Pain Medical Treatment Guidelines state that Soma (Carisoprodol) is not recommended. MTUS and ACOEM guidelines do not support the use of Soma (Carisoprodol). Therefore, the request for Soma (Carisoprodol) is not medically necessary.

Gabapentin 10%/Amitriptyline 10%/Bupivacine 5%/Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% 180gms Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document a history of cephalgia, cervicaglia, cervical spine radiculitis neuritis, lumbago, lumbar spine radiculitis neuritis, and insomnia. MTUS guidelines don’t support the use of compounded topical analgesics containing Baclofen. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, MTUS guidelines do not support the request for a compounded topical product that contains Gabapentin,

Baclofen, Amitriptyline, Bupivacaine, Flubiprofen, and Dexamethasone. Therefore, the request for topical Gabapentin, Amitriptyline, Bupivacaine, Flubiprofen, Baclofen, and Dexamethasone is not medically necessary.

Urinary Analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. No opioid prescriptions were documented in the primary treating physician's progress reports dated 3/17/15 and 2/9/15. Because opioid prescription was not documented in the 3/17/15 progress report, the request for urine drug screen is not supported by MTUS guidelines. Therefore, the request for urinalysis is not medically necessary.