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| Case Number: | CM15-0095272 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 05/03/2013 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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: Pediatrics, 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 37 year old female, who sustained an industrial injury on 5/13/13. She reported being struck on the left and right side of face and top of head was struck against a window. The injured worker was diagnosed as having posterior disc protrusion-extrusion at C5-6 with compromise of the exiting nerve roots bilaterally, (HNP) herniated nucleus pulposus of lumbar spine, (HNP) herniated nucleus pulposus of cervical spine, impingement syndrome with rotator cuff tendinosis of right shoulder and headaches. Treatment to date has included oral medications including Norco and Soma, home exercise program and activity restrictions. Currently on 5/6/15, the injured worker complains of lower back pain with radiation down bilateral lower extremities on the right to her thigh and on the left to her foot with numbness of the left foot. She rates her pain as 7/10; she also complains of neck pain with headaches rated 4-5/10. She is currently not working. She notes she is taking 2-4 Norco per day for pain and 2 Soma per day for spasms. She rates the pain as 3-4 with medication and 6-7 without medications. She also notes improvement in activities of daily living and an increased ability to sit-stand and walk as a result of her current medication regimen. Urine drug screen performed on 3/5/15 was consistent with medications prescribed. She is currently not working. Physical exam performed on 5/6/15 revealed tenderness over the lumbosacral spine and bilateral lumbar paraspinal muscles with muscle spasms and myofascial trigger points and slightly decreased range of motion of lumbar spine. The treatment plan included request for authorization for Pain management for cervical spine and lumbar spine, prescriptions for Norco 10/325mg and soma 350mg and a urine drug screen.

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 Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma, Muscle Relaxants Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The injured worker has utilized Soma since at least 12/3/14; and it is noted 1/7/15 she was using 1 Soma per day and currently she takes 2 Soma per day for spasms. Therefore, the request for Soma is not medically necessary.

Norco 10/325mg #100: Upheld

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

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

Decision rationale: The CA MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no objective documentation of the medication's functional benefit, no evidence of a signed pain contract and the injured worker is not working. She has utilized Norco since at least 12/3/14. A urine drug screen performed on 3/5/15 was consistent with medications prescribed. Medical necessity of Norco has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Consultation with a pain management specialist (cervical spine): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: office visits, Pain management.

Decision rationale: CA MTUS is silent on pain management consults, therefore ODG was referenced. ODG notes at a certain point in the course of care, there are two general treatment options for claimants with chronic pain. One is medication and the second is cognitive therapy-pain management programs. ODG also notes "the need for a clinical office visit is individualized based upon a review of the injured workers concerns, signs and symptoms, clinical stability and reasonable physician judgment." The injured worker stated she was receiving benefits from current pain management. Other than medications, prior treatments are not documented. X-rays or (MRI) magnetic resonance imaging of cervical or lumbar spine are not provided with documentation. Therefore, the request for pain management consult for cervical spine is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Urine Drug Testing.

Decision rationale: ODG notes urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify undisclosed substances and uncover diversion of prescribed substances. Injured workers at low risk of addiction-aberrant behavior should be tested within 6 months of start of therapy and on a yearly basis thereafter. The injured worker had a urine drug screen March 2015 which was noted to be consistent with medications prescribed. Therefore, based on the information provided, the request for Urine Drug Testing is not medically necessary.