

Case Number:	CM13-0009780		
Date Assigned:	12/27/2013	Date of Injury:	01/23/1996
Decision Date:	04/02/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 75-year-old female who reported injury on 01/23/1996. The mechanism of injury was not provided. The patient's diagnoses are noted to be postlaminectomy syndrome of the cervical and lumbar spine and lumbar radiculopathy. The documentation of 01/30/2013 revealed the patient was taking a butalbital compound with codeine and Soma. The request was made for a refill of the medications. The patient had a signed opiate agreement in the chart and it was noted that the patient's urine toxicology screens were appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTALBITAL COMPOUND WITH CODEINE 30-50-325-40MG, #120 WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Barbituates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: California MTUS Guidelines indicate that barbiturate containing analgesics are not recommended for chronic pain. The patient's diagnosis was noted to include migraine

headaches. There was a lack of documentation of efficacy of the medication as well as an objective decrease in VAS. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for butalbital compound with codeine 30-50-325-40 mg, #120 with 1 refill is not medically necessary.

CARISOPRODOL 350MG, #60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S..

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

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term treatment of acute exacerbations of low back pain. The use is limited to less than 3 weeks. There should be documentation of objective functional improvement for continuation of the medication. Clinical documentation submitted for review indicated the patient had been taking the medication since 01/30/2013. There was a lack of documentation of objective functional improvement with the medication. Given the above, the request for carisoprodol 350 mg #60 with 1 refill is not medically necessary.