

Case Number:	CM13-0018844		
Date Assigned:	10/11/2013	Date of Injury:	07/14/2012
Decision Date:	01/16/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/30/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 was noted to report an injury on 07/14/2012. The mechanism of injury was not indicated. The patient was noted to have a diagnosis of left C6 radiculopathy secondary to a herniated C5-6 disc. It was noted that he had completed 4 sessions of physical therapy as of his 12/03/2013 office visit and was also doing home exercises. The patient's symptoms include pain in the left trapezial area radiating down the arm with numbness and tingling into the thumb and index finger of the left hand. Physical exam findings noted some guarding of the neck range of motion, with increased left arm pain with extension and rotation to the left, diminished sensation in the thumb and index finger of the left hand, with grade 4/5 strength of the left biceps compared to the right biceps. It was noted that the patient would take Norco 1/2 to 1 tab a day as needed if his left trapezial area pain got to be severe, and he would take Soma 1 to 2 mostly at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: MTUS Chronic Pain Guidelines state that for patients who are taking opioid medications, ongoing management should include review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. It is also required that there is documentation regarding the 4A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review failed to address the 4A's for ongoing monitoring of opioid medications. Without this documentation, the requested medication is not supported by guidelines. The request for hydrocodone-acetaminophen 10/325mg #60 is not medically necessary and appropriate.

Methylprednisolone 4mg #21: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: According to ACOEM Guidelines, oral corticosteroids are not recommended for managing low back complaints as there is limited research-based evidence. As Guidelines do not recommend the requested medication for low back complaints, the request is non-certified. The request for Methylprednisolone 4mg #21 is not medically necessary and appropriate.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: MTUS Chronic Pain Guidelines state that carisoprodol (Soma) is not recommended for long-term use. It is stated to be a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate, which is a schedule 4 controlled substance. The patient was noted to have been using Soma 1 to 2 tabs at bedtime; however, the clinical information submitted did not provide evidence of muscle spasms or the efficacy of this medication to support continued use. The request for Carisoprodol 350mg #60 is not medically necessary and appropriate.