

Case Number:	CM13-0030256		
Date Assigned:	12/11/2013	Date of Injury:	08/27/2002
Decision Date:	02/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 and Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 08/27/2002. The mechanism of injury was not provided. Per the documentation, the patient was noted to be moving and was requesting an increase in Norco tablets to manage the patient's back pain. The office visit was noted to be for medication refills. The patient was noted to be on Soma as a maintenance drug and Norco for pain. The patient's diagnoses were noted to include cervicalgia and post-laminectomy syndrome of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29, 65.

Decision rationale: CA MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. 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. Carisoprodol abuse has also

been noted in order to augment or alter effects of other drugs. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The clinical documentation submitted for review indicated the patient was taking Soma as a maintenance medication. There was a lack of documentation indicating the patient had muscle spasms as there was a lack of an objective examination. There was lack of documentation of the objective efficacy of the medication. Given the above and the lack of documentation and the lack of indication as for long-term usage, the request for CARISOPRODOL 350MG #60 is not medically necessary.

NORCO 5-325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review indicated the physician was increasing the patient's pain medication due to the patient moving into a new home. However, there was a lack of documentation of the 4 A's to support ongoing usage. Given the above, the request for NORCO 5 325MG #180 is not medically necessary.