

Case Number:	CM13-0043654		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2011
Decision Date:	02/14/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation and 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. 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:

This is a 55 year-old male with a 5/2/2011 industrial injury. He has been diagnosed with low back pain and anxiety. The IMR application shows a dispute with the 10/21/13 Utilization Review decision. The 10/21/13 UR is from RISING and denies Hydrocodone/APAP 10/325mg and denies Carisoprodol and Clonazepam

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Hydrocodone/Acetaminophen 10/325mg, every 8 hours #90 (30 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-80.

Decision rationale: The 10/7/13 medical report states "█ would like to go off of his pain medications". Chronic Pain Medical Treatment Guidelines, under "when to discontinue opioids", states "(f) The patient requests discontinuing" Continuing with use of Norco after the

patient requests discontinuing is not in accordance with Chronic Pain Medical Treatment Guidelines.

The request for Carisoprodol 350mg, 3 times per day #90, (30 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66.

Decision rationale: Chronic Pain Medical Treatment Guidelines, specifically states Carisoprodol is not recommended for use beyond 2-3 weeks. The records show the patient was on Soma on the 10/7/13 and the 10/23/13 reports. Continuing to use this beyond 3 weeks is not in accordance with Chronic Pain Medical Treatment Guidelines.

The request for Clonazepam 1mg, 3 times per day #120 (20 Day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 24.

Decision rationale: Klonopin (clonazepam) is a benzodiazepine. Records show the patient was on clonazepam on 10/7/13, 10/23/13 and 11/11/13 MTUS states these are not recommended for use over 4 weeks. The use of clonazepam over 4 weeks is not in accordance with Chronic Pain Medical Treatment Guidelines.