

Case Number:	CM13-0043987		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2012
Decision Date:	03/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation and is licensed to practice in Illinois and Texas. 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 36-year-old female who reported an injury on 05/16/2012. The mechanism of injury was stated to be the patient was injured while pulling a dolly, heavy boxes fell and struck the patient on their entire right side. The patient's diagnoses were noted to be myalgia and myositis unspecified. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicated that hydrocodone is recommended for chronic pain. There should be documentation of objective decrease in VAS score, objective functional improvement, adverse side effects, and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the above recommendations. There was a lack of documentation per the submitted request for the strength

and quantity of medication being requested. Given the above, the request for Hydrocodone is not medically necessary.

Carisoprodol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 64-65.

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

Decision rationale: California 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. The clinical documentation submitted for review failed to indicate the duration of care for the carisoprodol and failed to indicate functional benefit received from the medication. There was a lack of an objective physical examination. There was a lack of documentation indicating the strength and quantity of the medication being requested. There was a lack of documentation indicating the patient had a necessity for greater than 2 to 3 weeks of Soma. Given the above, the request for Carisoprodol is not medically necessary.