

Case Number:	CM13-0045777		
Date Assigned:	12/27/2013	Date of Injury:	01/21/1997
Decision Date:	03/10/2014	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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 51-year-old male who sustained an injury on 01/21/1997 to include his low back. The patient was most recently seen on 12/10/2013 for complaints of back spasms that bother him a lot, and whereupon he stated that his medications reduce his pain from a 9/10 to a 5/10 to 6/10. Utilizing his medications, the patient is able to perform his activities of daily living, able to cook for himself, and push a grocery cart. Without his medications, he is unable to exercise, cook, or walk more than 15 minutes. A QME placed the patient at permanent stationary at 100% disabled whereupon this frustrated the patient because he knows he will not get any better and he will have to be on medications the rest of his life. On a physical examination, the patient was noted to have bilateral tenderness and spasms at the L3-5 and L5-S1 paraspinal muscles. The examination of the lumbar spine shows decreased range of motion with extension at 15 degrees, flexion at 50 degrees, bilateral lateral bending at 20 degrees, and rotation 20 degrees. There is also pain with palpation over the bilateral SI joint and the patient had a positive Faber sign. Neurologically, the patient also was noted to have decreased sensory in the left lateral leg and right posterior leg. The patient has been diagnosed with lumbar radiculopathy, spasm of the muscle, long-term current use of medications, and encounter for therapeutic drug monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the request for Lortab 180 tablets, under California MTUS Guidelines, Lortab is listed as a short acting opioid, also known as normal release or immediate release opioids seen as an effective method of controlling chronic pain. They are often used for intermittent or breakthrough pain and are often combined with other analgesics such as acetaminophen and aspirin. In the case of this patient, he has been utilizing Lortab since at least 08/20/2013 where upon the physician noted that while attempting to wean off the Lortab, the patient wound up having suboptimal pain control and was unable to perform his ADLs such as errands and housecleaning. California MTUS Guidelines further states that for chronic back pain, opioids appear to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment in consideration of alternative therapy. In the case of this patient, the documentation notes that the medications helped reduce his pain from 9/10 to 5/10 to 6/10 as well as enable him to participate in his activities of daily living. However, the physician has failed to indicate the milligram on the prescription of this medication. Previously, it was prescribed at 10/500 mg. Furthermore, the documentation does not provide a clear functional improvement noted with the use of the patient's medications. Although he states that it reduces his pain from 9 down to around 5-6/10, there was no clear documentation of the patient having improved functional activity. Furthermore, in regards to the Lortab, there are no drugs screens provided for review indicating the patient has been compliant with the use of this medication. Therefore, in regards to the request for Lortab 180 tablets, the requested service does not meet guideline criteria for the use of this medication and is non-certified.

Soma #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Under California MTUS Guidelines, carisoprodol is not recommended and is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule 4 controlled substance). It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and in regular abusers the main concern is the accumulation of meprobamate. In the case of this patient, he has been utilizing this medication since at least 08/2013. There is no documentation indicating the patient has utilized other forms of muscle relaxants to help control his muscle spasms. Without having recommendation from California MTUS Guidelines, and without having sufficient information pertaining to the efficacy of this

medication, as well as a lack of documentation providing previous use of other muscle relaxants, the requested service cannot be warranted at this time. As such, the requested service is non-certified.