

Case Number:	CM13-0065267		
Date Assigned:	01/03/2014	Date of Injury:	09/06/2001
Decision Date:	08/01/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice 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 expert 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 48 year old male claimant sustained a work injury on 9/6/01 involving the low back. He has a diagnosis of lumbar radiculopathy for which he underwent back surgery and has a failed back syndrome. A progress note on 8/19/03 indicated his symptoms of pain (9/10) with shock like symptoms to the buttocks were worsening. He has intermittent spasticity for which he has responded to low dose SOMA. The treating physician added Baclofen to the SOMA to help with spasms. He had been on Celebrex daily and Hydrocodone /Tylenol (10/325)- 4 times a day. This was continued. He had been on SOMA and Hydrocodone since at least March 2013. A progress note in November indicated pain of 7/10 with medications and 8/10 without. He continued to have decreased range of motion and tenderness in the lumbar spine. The Baclofen, Celebrex, Hydrocodone and SOMA were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, Effective July18,2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol (SOMA) and pg 29 Page(s): 29.

Decision rationale: According to the MTUS guidelines, Carsiprodolol (SOMA) is not recommended. It is a muscle relaxant that when combined with hydrocodone can have a heroine like effect. The claimant had been on Baclofen and Hydrocodone for several months. The combination of adding SOMA is not recommended therefore the request is not medically necessary.

CELEBREX 200MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, Effective July18,2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and pg 68 Page(s): 68.

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended for short-term treatment for chronic back pain. In addition, there is no superiority between NSAIDs and COX2 inhibitors (Celebrex). In addition, they are no more effective then Tyelenol. Furthermore, the claimant does not have gastrointestinal complaints that would require a COX2 inhibitor. The claimant had been using Celebrex in combination with opioids and muscle relaxants for a prolonged time period. Based on the guidelines, continued use is not medically necessary.

HYDOROCONE-ACETAMINOPHEN 10-325MG #360 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8, Effective July18,2009..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and pg 82-92 Page(s): 82-92.

Decision rationale: Hydrocone-Acetaminophen 10-325mg is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Hydrocone-Acetaminophen 10-325mg for several months with 2 muscle relaxants and a COX2 inhibitor without substantial improvement in pain scale . The continued use of Hydrocone-Acetaminophen 10-325mg is not medically necessary.