

Case Number:	CM13-0070621		
Date Assigned:	01/08/2014	Date of Injury:	09/28/2001
Decision Date:	05/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, 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:

This 43-year-old sustained an injury on September 28, 2001 while employed by [REDACTED]. Requests under consideration include norco 10/325 1 q8 hours #90 rf x3 and carisoprodol 350mg 1 q 24 hours #30 rf x 3. diagnosis include lumbosacral disc syndrome with strain/sprain/radiculopathy; cervical spine disc syndrome with strain/sprain/radiculopathy; left hip strain/sprain with acute and chronic trochanteric bursitis; and left knee internal derangement associated with left femoral neuropathy. Conservative care has included physical therapy, medications, off work, and has been declared P&S in 2006. Report of October 21, 2013 from the provider noted the patient with persistent low back and left knee pain. Exam showed lumbar spasm, stiffness; left knee tenderness. Treatment included physical therapy, Carisoprodol, Motrin, Norco, and MS Contin. Requests for Norco and Carisoprodol were non-certified on December 4, 2013 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 1 Q8 HOURS #90 RF X3: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Norco 10/325 mg, ninety count with three refills, is not medically necessary or appropriate.

CARISOPRODOL 350MG 1 Q 24 HOURS #30 RF X 3: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2001. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings revealing TTP, spasm, and decreased range of motions, without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of this Carisoprodol (Soma) for this chronic injury. The request for Carisoprodol 350 mg, thirty count with three refills, is not medically necessary or appropriate.