

Case Number:	CM14-0009680		
Date Assigned:	02/14/2014	Date of Injury:	12/18/2012
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury of December 18, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, muscle relaxants, electrodiagnostic testing (December 13, 2013), which was interpreted as normal, and opioid therapy. A January 27, 2014 progress note was notable for comments that the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant also reported complaints of numbness and paresthesias about the lower extremities. The applicant reported chronic low back pain secondary to a herniated disk at L4-L5. It was stated that the applicant should continue to use narcotic analgesics and that he will likely require such medications for the foreseeable future. Transfer of care to a pain management specialist was endorsed. An earlier note of January 15, 2014 was notable for comments that the applicant reported heightened complaints of low back pain. The applicant stated that payment for Norco and Soma had not been provided. Without ongoing usage of Norco and Soma, however, the applicant stated that he could not sleep, enjoy activities, and could not drive himself to and from office visits. An epidural steroid injection was unsuccessful. It was stated in an alternate section of the report that the applicant was not using any medications at this time as they have not been authorized. The applicant was placed off of work, on total temporary disability. In an earlier note of January 8, 2014, the applicant again reported heightened complaints of low back pain, reportedly severe. Authorization for an L4-L5 laminectomy-discectomy surgery was sought. Norco and Soma were prescribed. Surgery was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325 MG, 1 TO 2 TABLETS BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN (MAX OF 6/DAY), #90/11 DAYS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 78

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 91

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco, a short-acting opioid, is indicated for moderate to moderately severe pain. In this case, the applicant was reporting severe pain on multiple office visits throughout January 2014. The attending provider posited that the applicant had not received prescriptions for Soma owing to authorization issues and that the request in question effectively represented a first-time request for Norco as the applicant had not received it. In any case, it appears that the applicant had made multiple visits to the emergency department in early 2014, reporting heightened pain complaints. He was having difficulty walking and had to use a wheelchair to move about. Usage of Norco, a short-acting opioid, to combat these heightened pain complaints was indicated, appropriate, and consistent with MTUS guidelines. As such, the request is medically necessary.

CARISOPRODOL 350 MG, 1 TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR MUSCLE SPASMS, #90/30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 29

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 29

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, long-term usage of Carisoprodol is not recommended. It is not indicated for long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant was issued a prescription for an opioid agent, Norco. Using Carisoprodol long-term, as in the case of the 90-tablet supply requested here, is not indicated, as page 65 of the MTUS Chronic Pain Medical Treatment Guidelines states that this medication is only recommended for a 2-3 week period. As such, the request is not medically necessary.