

Case Number:	CM14-0015968		
Date Assigned:	06/04/2014	Date of Injury:	07/05/2007
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a 46-year-old female who has submitted a claim for sprain of lumbar region, lumbosacral neuritis associated with an industrial injury date of July 7, 2007. Medical records from 2008-2013 were reviewed which revealed persistent low back pain radiating into bilateral lower extremities. Numbness and tingling sensations were noted on her left hand which radiates to her left little finger up to her left shoulder. She has difficulty performing her activities of daily living due to pain. Physical examination showed tenderness throughout the lumbar paraspinal musculature with spasm in the lower lumbar segment. Milgram, Sitting SLR, Kempt/face imbrication and Right Lasegue tests were all positive. MMT was normal. MRI of the lumbar spine, dated 7/9/10, showed multiple level disc protrusion with lumbar radiculopathy, lumbar facet hypertrophy at L4-L5 and L5-S1. Treatment to date has included, epidural injections, physical and aquatic therapy sessions, work restrictions and home exercise program. Medications taken were Soma 350 mg, Norco 10/325mg and Gabapentin. Utilization review from 1/22/14 denied the request for Carisoprodol 320 mg #60 and Oxycodone/APAP 10/325 mg #90 because there were no objective findings documented with the use of these 2 medications. There was insufficient information to evaluate the request to verify clinical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG #60, THIRTY DAY SUPPLY: 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 2009, 9792.26, Carisoprodol Page(s): 29.

Decision rationale: As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant not recommended for long-term use, as it has an active metabolite which is a schedule IV controlled substance. In this case, the patient was prescribed with Soma, a class of muscle relaxant since at least 8/6/2008. However, there was no significant improvement noted in the patient. In addition, Soma is not recommended for long-term use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Carisoprodol 350mg #60, thirty day supply is not medically necessary and appropriate.

OXYCODONE/APAP 10/325 MG #90, THIRTY DAY SUPPLY: 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 2009, 9792.24.2, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated 01/14/2009. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone/APAP 10/325 MG #90, thirty day supply is not medically necessary and appropriate.