

Case Number:	CM14-0018000		
Date Assigned:	04/16/2014	Date of Injury:	05/14/2003
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family 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 patient is an employee of [REDACTED] and has submitted a claim for lumbosacral neuritis, chronic neck pain, disc disorder with myelopathy, lumbosacral spondylolysis, and lumbar spinal stenosis associated with an industrial injury date of 05/14/2003. Treatment to date has included home exercise program, and medications such as Tylenol with codeine, carisoprodol, and docusate sodium. Medical records from 2013 to 2014 were reviewed showing that patient complained of neck pain radiating to left upper extremities; as well as low back pain radiating to bilateral lower extremities. Pain was graded 5/10 in severity and relieved to 3/10 upon intake of medications. Pain was aggravated with activity. She had difficulty doing self-care, hygiene, activity, ambulation, hand function, and sleep. Patient was observed to be in moderate distress. Physical examination showed muscle spasm and tenderness at L4-S1 paraspinal muscles. Range of motion of lumbar spine was moderately limited secondary to pain. Patient used a cane for ambulation and manifested with slow gait. Utilization review from 01/15/2014 denied the requests for carisoprodol 350mg, #180 because long-term use is not recommended; and Tylenol with codeine 300/30mg, #60 because long-term opioid use is likewise not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350MG, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MUSCLE RELAXANTS FOR PAIN, CA MTUS,

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

Decision rationale: As stated on page 29 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, an appeal letter cited that the medication should be given because patient had considerable persistent pain with negative impact on function. Patient has been prescribed with carisoprodol as early as June 2013. This does not meet the guideline recommendation for short term use only. Furthermore, carisoprodol is being prescribed together with Tylenol/codeine which is not recommended by the guidelines due to high potential of abuse. In addition, a report dated 02/06/2014 stated that carisoprodol will be shifted into tizanidine 4mg PO TID instead. Therefore, the request for carisoprodol 350mg, #180 is not medically necessary.

TYLENOL WITH CODEINE 300/30MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: OPIOIDS, CA MTUS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 78,80.

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Furthermore, page 80 states some of the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and /or successful return to work. In this case, an appeal letter cited that the medication should be given because patient had considerable persistent pain with negative impact on function. Patient has been prescribed with Tylenol with codeine as early as June 2013. Medical records submitted for review do not show that there is significant functional improvement attributed to the use of this medication. Furthermore, a urine drug screen reported on 03/24/2014 revealed undetectable levels of codeine which is inconsistent with the prescribed medication. There has been no management response with this regard. Therefore, the request for Tylenol with codeine 300/30mg, #60 with 2 refills is not medically necessary.