

Case Number:	CM14-0112190		
Date Assigned:	08/01/2014	Date of Injury:	12/09/2003
Decision Date:	09/25/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Tennessee. 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 74-year-old female who has submitted a claim for degeneration of cervical and lumbar intervertebral discs associated with an industrial injury date of December 9, 2003. Medical records from July 16, 2013 up to June 27, 2014 were reviewed showing bilateral low back pain with radiations to right lower extremity, 4-10/10 in severity. Pain is associated with low back stiffness and spasms, and weakness of bilateral lower extremities. Pain is aggravated by activity and weather changes; relieved by medication. Her activities of daily living (ADLs) are functionally limited but reports that she can manage her pain with the prescribed medications. Physical examination showed slow antalgic, shuffling, and wide based gait. Deep tendon reflex (DTRs) of lower extremities are absent, patellar and ankle reflexes are absent bilaterally, and positive straight leg raising (SLR) bilaterally. Treatment to date has included Soma 325mg, Norco 5/325mg, Atenolol, Diazepam, Lipitor, Omeprazole, Tizanidine, home exercise program (HEP), and physical therapy (PT). Utilization review from July 7, 2014 denied the request for Carisoprodol 350mg #120 and modified the request for Hydrocodone APAP 5/325mg # 180 to #160. Regarding Carisoprodol, the patient is planned to be switched to Tizanidine. Regarding the request for Hydrocodone, there was no documentation of (a) ongoing narcotic compliance with consistent urinary drug screen (UDS) (b) visual analogue scale (VAS) pain scores with and without pain medications (c) objective evidence of measurable functional gains from the use of this narcotic. However, abrupt cessation is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Qty: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: As stated on pages 29 and 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally-acting skeletal muscle relaxant. Abuse has been noted for sedative and relaxant effects. In this case, the patient has been taking Carisoprodol 350mg since at least 11/2013. As per most recent PR, patient has noted benefit from her medications but continues to have limited functional improvement with ADLs. Her VAS score continues to fluctuate. In addition, it was documented that there is a plan to switch to Tizanidine. There was no discussion why she should be taking both Carisoprodol and Tizanidine. Therefore the request for Carisoprodol 350mg # 120 is not medically necessary.

Hydrocodone APAP 5/325mg Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78.

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

Decision rationale: As stated on page 78-80 of CA 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. 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. The use of opioids for chronic low back pain is only recommended for short-term pain relief. Efficacy is unclear (>16 weeks). In this case, the patient has been taking Hydrocodone APAP 5/325mg since at least 1/2012. As per most recent PR, patient has noted benefit from her medications but continues to have limited functional improvement with ADLs. Her VAS score continues to fluctuate. In addition, there was no recent UDS available for review. Therefore the request for Hydrocodone/ APAP 5/325mg # 180 is not medically necessary.