

Case Number:	CM14-0117638		
Date Assigned:	10/07/2014	Date of Injury:	04/05/2002
Decision Date:	11/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 injured worker is a 69 year old male with a date of injury on 4/5/2002. As per the report of 01/21/14, he complained of long-standing history of persistent back pain, which was worse and radicular pain symptoms in both hips and persistent lumbosacral area pain. The exam revealed obvious tenderness with motion, restricted forward bending about 15 degrees, and positive straight leg raise. The magnetic resonance images show significant degenerative changes with signal loss and posterior spurring and bulging, principally at L5-S1, quite mildly at L2-L3, minimally at L1-L2. As per the report of 06/30/14, current medications include saw palmetto, zinc acetate, alprazolam, ranitidine, levothyroxine, Accu-Chek, nefazodone, quetiapine, glipizide, diltiazem, Effexor, doxazosin, oxaprozin, multivitamin, carisoprodol, hydrocodone-acetaminophen, aspirin, and metformin. He felt stable on his current regimen. Norco, Soma, and hydrocodone gave him symptomatic relief of pain. He had physical therapy from 03/29/04 through 04/30/04 and injections gave him relief of pain. His diagnoses include lower back pain and lumbar disc degeneration. However, diagnostic imaging, actual objective interpretation, documented recent medication, the frequency, and the duration and any significant improvement of pain and function and other therapies were not documented in the clinical records submitted with this request. The request for retrospective usage of carisoprodol 350MG #40 for date of service 6/4/14 and retrospective usage of hydrocodone/acetaminophen 10/325MG #100 for date of service 6/4/14 were denied on 07/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE USAGE OF CARISOPRODOL 350MG #40 (DOS 6-4-14): 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: Per the Chronic Pain Medical Treatment, carisoprodol is not indicated for long-term use. Carisoprodol is a centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a "Las Vegas Cocktail"); & (5) as a combination with codeine (referred to as "Soma Coma"). In this case, there is no evidence of substantial spasm, refractory to first line therapy. There is no documentation of home exercise with stretching as a treatment for muscle spasm. There is no documentation of any significant improvement with continuous use. Long term use of antispasmodics is not recommended. Therefore, the request is not medically necessary.

RETROSPECTIVE USAGE OF HYDROCODONE/ACETAMINOPHEN 10/325MG #100 (DOS 6-4-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 74-76, 91-94.

Decision rationale: Norco (hydrocodone + acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. The Chronic Pain Medical Treatment Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; Pain relief, side effects, physical, and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic methods of pain management. There is no documentation of any significant improvement in pain level (i.e. visual analogue scale) or function with prior use to demonstrate the efficacy of this medication. There is no record of a urine drug test to monitor this worker's compliance. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

