

Case Number:	CM14-0126309		
Date Assigned:	08/13/2014	Date of Injury:	05/28/2011
Decision Date:	09/23/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 patient is a 57-year-old male who has submitted a claim for multi-level degenerative disc L3-4, L4-5, and L5-S1 with disc herniation at these levels, status post right-sided microlaminectomy, and discectomy at L4-5, L5-S1, and persistent right radiculopathy associated with an industrial injury date of 05/28/2011. Medical records from 01/20/2014 to 07/15/2014 were reviewed and showed that patient complained of low back pain graded 5-6/10 with radiation down right lower extremity. Physical examination revealed spasm over bilateral lumbar paraspinal muscle, restricted ROM with pain, intact DTR, sensation to light touch, and MMT of lower extremities, and positive SLR test at 45 degrees on the right and 60 degrees on the left. MRI of the lumbar spine dated 10/14/2013 revealed multi-level degenerative disc at L3-4, L4-5, and L5-S1 with disc herniation at these levels. Treatment to date has included right-sided microlaminectomy and discectomy at L4-5, L5-S1 (date not made available), right lumbar transforaminal nerve block (02/10/2014), physical therapy, Carisoprodol 350mg #60 (prescribed since 03/18/2014), Hydrocodone BIT 10mg/325mg #60 (prescribed since 02/14/2014), and other pain medications. Of note, there was no documentation of pain relief or functional outcome from use of Carisoprodol, Hydrocodone BIT, and other pain medications. Utilization review dated 07/28/2014 denied the request for Carisoprodol 350mg #30 because the guidelines do not recommend muscle relaxants as any more effective than NSAIDs alone. Utilization review dated 07/28/2014 denied the request for Hydrocodone 5/325mg 360 because there was no documented symptomatic or functional improvement from previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA) Page(s): 29, 65.

Decision rationale: According to pages 29 and 65 of CA MTUS Chronic Pain Treatment Guidelines, carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, 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 this case, the patient was prescribed Carisoprodol 350mg #60 since 03/18/2014. There was no objective evidence of improvement with use of Carisoprodol. The long-term use of carisoprodol is not in conjunction with guidelines recommendation therefore, the request for Carisoprodol 350mg #30 is not medically necessary.

Hydrocodone 5/325mg #60: Upheld

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

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state, that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Hydrocodone BIT 10mg/325mg #60 since 02/14/2014. There was no documentation of pain relief or functional outcome to support continuation of opiates use therefore, the request for Hydrocodone 5/325mg #60 is not medically necessary.