

Case Number:	CM14-0134636		
Date Assigned:	08/29/2014	Date of Injury:	08/17/2012
Decision Date:	11/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 08/17/2012. The mechanism of injury was not stated. The current diagnosis is lumbar strain/disc disease. The injured worker was evaluated on 07/23/2014 with complaints of 6/10 pain. Physical examination revealed L3-S1 pain elicited with full activity. Treatment recommendations at that time included continuation of the current medication regimen of Norco and Soma. Previous conservative treatment is also noted to include lumbar epidural injections. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP Tab 10/325mg day supply QTY: 150 Refills:00: 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 Page(s): 74-82..

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. The injured worker has continuously utilized this medication since 03/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Carisoprodol Tab 350mg day supply: 30 QTY: 90 Refills: 00: 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 Page(s): Page 63-66..

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. The injured worker has continuously utilized this medication since 03/2014. California MTUS Guidelines do not recommend long term use of muscle relaxants. There was no documentation of spasticity or palpable muscle spasm upon physical examination. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.