

Case Number:	CM14-0155973		
Date Assigned:	09/25/2014	Date of Injury:	12/09/2003
Decision Date:	11/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 Pain Management 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 74 year old female who sustained work-related injuries on December 9, 2003. Per the October 2, 2014 notes, she returned to her treating physician for a follow-up regarding her neck and low back pain. She continued to complain of neck and low back pain. She showed concern that without medication she was going to be unable to maintain her independence and activities of daily living. On examination, she had marked loss of cervical and lumbar range of motion. Her reflexes were unobtainable at the biceps, triceps, brachioradialis, knee, or ankle. She had myofascial trigger points in the trapezius, cervical paraspinal muscles, and lumbar paraspinal muscles. She is diagnosed with (a) degeneration of the cervical intervertebral disc and (b) degeneration of lumbar intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Evidence-based guidelines indicate that this medication is not indicated for long-term use. This is a schedule intravenous controlled substance. Abuse of this medication has been noted for its sedative and relaxant effect. In this case, this medication has been modified for weaning purposes. Also, the treating physician did not mention any exceptional, compelling factors or rationale that would justify the use of this medication outside the recommendation of evidence-based guidelines. Therefore, the medical necessity of requested Carisoprodol 350mg #120 is not established.

Hydrocodone 5mg/acetaminophen 325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Opioid treatment for pain management is not recommended for long-term use. However, if opioids are to be used in the long-term, certain requisites are needed and should be documented. According to evidence-based guidelines, on-going management of pain through opioid medication requires the documentation of a single prescription from only one treating physician. It should be taken as directed. All prescriptions are from a single pharmacy and the lowest possible dose should be prescribed to improve pain and function. There should be documentation of the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) and use of drug screening. There should be documentation of misuse of medications, continuing review of overall situation with regard to nonopioid means of pain control, significant decrease in pain levels, and significant improvement in functional activities. In this case, records indicate that the requested hydrocodone/acetaminophen have been modified for weaning purposes, due to lack of documentation of urine drug screening. The most recent records do not reflect the required information as well. Also, records do not indicate the current pain level of the injured worker (e.g. visual analog scale scores) which can be used to determine if there is significant decrease in pain levels. Furthermore, there is no documentation of significant functional improvement. Therefore, the medical necessity of the requested Hydrocodone 5mg/acetaminophen 5/325mg is not established.