

Case Number:	CM14-0160142		
Date Assigned:	10/03/2014	Date of Injury:	01/02/2012
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 46-year-old male who has submitted a claim for stable left total hip arthroplasty with persistent post-operative pain, status post left total hip arthroplasty (March 2014) associated with an industrial injury date of 01/02/2012. Medical records from 2014 were reviewed and showed that patient complained of 5/5 anterior left hip pain. The pain is dull to sharp in quality and is aggravated by hip flexion. Physical examination showed that the patient had an antalgic gait. Range of motion of the lumbar spine was decreased. There was no noted tenderness. Straight leg test, Homan's sign and calf tenderness were negative. Sensation was intact. Treatment to date has included medications, physical therapy and surgery as stated above. Utilization review, dated 09/16/2014, denied the request for Carisoprodol because there was no subjective or objective evidence of an acute exacerbation of chronic low back pain or myospasm to support the use of this medication; and denied the request for Hydrocodone/Acetaminophen because there were no objective examination findings to support the use of opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg #60: Upheld

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

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

Decision rationale: As stated on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use, particularly when used in conjunction with opioid medications. In this case, the patient complains of anterior left hip pain despite medications and surgery. The patient has been on opioids since at least April 2014. Physical examination showed decreased range of motion of the lumbar spine. However, there was no objective evidence of spasms on physical examination. However, the patient has been prescribed opioids (e.g., Vicodin), and adding Carisoprodol to the current regimen is not indicated. Therefore, the request for Carisoprodol 350mg #60 is not medically necessary.

Hydrocodone/Acetaminophen 10/325 mg #60 times 1 refill: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking 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. In this case, patient has been prescribed opioids since at least April 2014. The medical records do not clearly reflect continued analgesia (e.g. reduction in VAS quantification of pain), continued functional benefit (e.g. improvement in ADLs), or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/Acetaminophen 10/325 mg #60 times 1 refill is not medically necessary.