

Case Number:	CM14-0166810		
Date Assigned:	10/14/2014	Date of Injury:	02/12/2008
Decision Date:	11/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 56 year old male who was injured on 2/12/2008. The diagnoses are . There were psychiatric records from [REDACTED]. He is being treated for depression, anxiety, insomnia and daytime sleepiness. The MRI of the lumbar spine showed discectomy and fusion surgical changes. The medications from psychiatrists [REDACTED] and [REDACTED] are Cymbalta, Valium, Trazodone and Nuvigil. On 5/29/2014, [REDACTED] requested authorization for lumbar facet radiofrequency lesioning and epidural procedures. There was no detail clinical note with subjective and objective findings related to the requirement for opioids and Soma medications. The UDS reports showed positive for diazepam, hydrocodone, oxycodone and meprobamate a metabolite of Soma. A Utilization Review determination was rendered on 9/30/2014 recommending non-certification for Carisoprodol 350mg #90 and morphine sulfate 60mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbations of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The records did not show subjective or objective findings of muscle spasm. The chronic use of Carisoprodol is associated with sedation, dependency, addition and adverse interaction with opioids and other sedatives because of Meprobamate, the anesthetic like centrally acting metabolite. The patient is also utilizing multiple psychiatric medications and sedatives. He is also being treated for daytime somnolence. The criteria for the use of Carisoprodol was not met, therefore, the request for Carisoprodol 350 #90 is not medically necessary and appropriate.

Morphine Sulfate 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatment with standard NSAID and PT. The available records did not show subjective or objective findings showing details of the chronic musculoskeletal pain. The UDS was positive for morphine, oxycodone, benzodiazepines and Carisoprodol. The patient is being treated for daytime somnolence with Nuvigil. The patient is utilizing multiple sedative medications. There is lack of medical records showing guidelines recommended opioid treatment documentations such as frequent clinic evaluations for compliance, functional restorations, absence of aberrant behaviors and absence of adverse effects. The criteria for the use of morphine sulfate was not met, therefore, the request for Morphine Sulfate 60mg #60 is not medically necessary and appropriate.