

Case Number:	CM14-0177925		
Date Assigned:	10/31/2014	Date of Injury:	08/08/2012
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 08/08/2012. The date of the utilization review under appeal is 10/16/2014. On 08/25/2014, the patient was seen in orthopedic followup regarding lumbosacral spondylolisthesis and a history of an anterior spinal fusion in February 2013 as well as residual foraminal stenosis at L5-S1 which was severe and status post two decompressions at L5-S1 with pedicle screw fixation. The patient was felt to have solid anterior lumbar fusion. The patient presented for medication management/ongoing therapy. Preliminary results of urine screening drug screening were negative. The patient was hoping to start school and requested pain management. On exam the patient had risk transitions with a normal gait and with back motion of 45 degrees with effort. The treatment plan concluded a repeat L5-S1 epidural injection as well as refill of soma. Norco was refilled in the absence of a pain management physician. The patient was referred to a pain management physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of Opioids

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management. The medical records in this case contain extremely limited information regarding these elements of opioid management. The rationale, indication, functional benefit, and subjective benefit of opioid treatment are not apparent in the records. This request is not medically necessary.

Carisoprodol 350mg #90: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on carisoprodol/Soma, page 29, state that this medication is not recommended for long-term use. Particular concern is raised regarding the use of this medication concurrently with hydrocodone, as has also been prescribed for this patient. Overall, neither the medical records nor the treatment guidelines provide a rationale or indication for carisoprodol. This request is not medically necessary.