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| Case Number: | CM14-0022424 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 07/11/2000 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 02/06/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

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 Occupational Medicine, 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 53-year-old male who has submitted a claim for status post crush injury left foot with near auto-amputation and status post reattachment with chronic ankle pain with deformity associated with an industrial injury date of July 11, 2000. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic left foot pain. Physical examination showed big deformity with healed incision from surgical intervention of the left foot. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, physical therapy, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 65.

Decision rationale: Pages 29 and 65 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. The patient has been on this medication since at least February 2013. The

patient complained of chronic left foot pain. However, physical examination findings failed to show evidence of muscle spasms to support the use of this medication. In addition, this medication is not recommended for use beyond 2-3 weeks. Therefore, the request is not medically necessary.

VICODIN ES 7.5/750MG #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, records indicate that the patient has been on Vicodin since February 2013. The patient complained of chronic left foot pain. However, recent progress notes did not show any functional gains from the use of this medication. There was no urine drug screen included in the medical records to document compliance. Therefore, the request is not medically necessary.