

Case Number:	CM14-0039870		
Date Assigned:	06/30/2014	Date of Injury:	08/23/2007
Decision Date:	10/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 53 year old male with a date of injury on 8/23/2007. The patient is status post lumbar fusion at L5-S1, and cervical fusion at C6-C7. Subjective complaints are of neck pain with radiation to the right upper extremity and low back pain with radiation to the right leg. Pain is rated at 4/10 with medications and 8/10 without medications. Physical exam showed tenderness of the cervical spine, and spasms in the lumbar area. Cervical and lumbar range of motion was limited due to pain. Motor and sensory exam was normal. Medications include Carisoprodol, Lyrica, Percocet, Nexium, and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisprodol 350mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety.

Abuse has been noted for sedative and relaxant effects. This patient has used Carisoprodol chronically, which is not consistent with current guidelines. Therefore, the use of Carisoprodol is not medically necessary.

Lyrica 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDS Page(s): 16.

Decision rationale: CA MTUS suggests Lyrica and other antiepileptic drugs (AED) are recommended for neuropathic pain. CA MTUS does add that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did show documentation that demonstrated benefit with the use of Lyrica. Therefore, the medical necessity for Lyrica is established.

Percocet 5/325mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including risk assessment and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.