

Case Number:	CM14-0054769		
Date Assigned:	07/07/2014	Date of Injury:	10/02/2008
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/23/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41-year-old female was reportedly injured on October 2, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 18, 2014, indicates that there are ongoing complaints of low back pain. The current medications include Ketoprofen, Norco, Naprosyn, and Carisoprodol. The physical examination demonstrated decreased range of motion of the lumbar spine and the right knee. There was tenderness over the lumbar spine paraspinal muscles as well as over the facet joints from L3-S1. Lumbar muscle spasms were noted. Examination the right knee revealed tenderness at the medial joint line and a positive McMurray's and Apley's test. Diagnostic imaging studies of the right knee revealed chondromalacia patella at the medial patellar facet and a small joint effusion. There was also a degenerative signal at the posterior horn of the medial meniscus. Previous treatment includes lumbar spine radiofrequency nerve ablation. A request had been made for Hydrocodone and Carisoprodol and was non-certified in the pre-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 325-10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: According to the recent progress note dated March 18, 2014, the injured employee reported 50% improvement of her low back pain since the radiofrequency nerve ablation was performed. However this request for Hydrocodone continues at the same dosage. It is unclear why the same amount of this medication is needed if the injured employee has experienced 50% pain relief from the prior procedure. Considering this, this request for Hydrocodone 10/325 mg is not medically necessary.

Carisoprodol 350mg #9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Carisoprodol is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the progress note dated March 18, 2014, the injured employee has back spasms on the physical examination however there have been consistent prescriptions for this medication and Carisoprodol is not indicated for long-term use. Considering this, the request for Carisoprodol is not medically necessary.