

<b>Case Number:</b>	CM14-0067113		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/04/2000
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 California and 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 injured worker is a 57-year-old female who had a work-related injury on 03/20/13. There is no documentation of mechanism of injury. The injured worker complains of cervical spine discomfort, right upper extremity, and low back pain. Progress note dated 10/03/13 indicates her pain is rated 8-10/10 without medication, on exam there was tenderness in the suboccipital on both sides, cervical extensors and trapezii, right more tender than left. Spurling's maneuver causes pain on both sides. There is a faint Hoffmann's reflex. She is markedly sensitive to palpation down along the right arm. There is some nodularity appreciated in soft tissue, the distal deltoid, and along the lateral aspect of the arm. Soft tissue are exquisitely sensitive to palpation, especially over the lateral epicondyle of the elbow and extensor compartment in the right arm. The right forearm and hand are mildly swollen. The injured worker has undergone physical therapy, injection, including stellate blocks, pain medication, muscle relaxants, oral cortical steroids. In review of medical records submitted, pain is rated 7-8 with medication and 10 without medication. There is no documentation of functional improvement. There was one urinary drug screen which was consistent with prescribed therapy. Prior utilization review on 04/23/14 non-certified request for Flector patches or Medrol dose pack and partial certification for Carisoprodol and Hydrocodone 10/325mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Carisoprodol tab 350mg QTY: 90 DOS 3/8/14, 2/11/14, 12/27/13, 11/19/13, 10/21/13, 10/21/13, 9/18/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

**Decision rationale:** The request for retrospective request for Carisoprodol tab 350mg Qty: 90 date of service 3/8/14, 2/11/14, 12/27/13, 11/19/13, 10/21/13, 10/21/13, 9/18/13, is not medically necessary. Based on current evidence based guidelines and submitted documentation for review the request for carisoprodol is not supported. No significant decrease in visual analog scale scores, no documentation of functional improvement. Not recommended in Official Disability Guidelines. Suggested by the manufacturer for use as an adjunct to rest, physical therapy, analgesics and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. Therefore medical necessity has not been established.

**Retrospective request for Hydroco/APAP tab 10/325mg QTY: 240 DOS 3/4/14, 2/11/14, 1/10/14, 12/20/13, 11/19/13, 10/21/13, 9/18/13, 8/19/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Opioid's.

**Decision rationale:** The request for retrospective request for Hydrocodone/APAP tab 10/325mg Qty: 240 with date of service 3/4/14, 2/11/14, 1/10/14, 12/20/13, 11/19/13, 10/21/13, 9/18/13, 8/19/13 is not medically necessary. . Based on current evidence based guidelines and submitted documentation for review the request for Hydroco/APAP tab 10/325mg is not supported. No significant decrease in visual analog scale scores, no documentation of functional improvement. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. As such, medical necessity has not been established.

**Retrospective request for Methylpred pak 4mg QTY: 21 DOS 2/3/14, 10/3/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workman's Compensation Back Procedure Summary last updated 03/31/14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Oral corticosteroids.

**Decision rationale:** The request for retrospective request for Methylpred pak 4mg QTY: 21 with date of service 2/3/14, 10/3/13 is not medically necessary. Current evidence based guidelines do not support the request. Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Therefore medical necessity has not been established.

**Retrospective request for Flector Dis 1.3% QTY: 30 DOS 1/13/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesics.

**Decision rationale:** The request for retrospective request for Flector Dis 1.3% QTY: 30 with date of service 1/13/14 is not medically necessary. Current evidence based guidelines do not support the request for Flector patch, it is indicated for acute strains, sprains, and contusions. As such , medical necessity has not been established.