

Case Number:	CM14-0081363		
Date Assigned:	07/18/2014	Date of Injury:	03/05/2002
Decision Date:	08/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management, and is licensed to practice in Tennessee. 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 58-year-old female who has submitted a claim for failed back syndrome and left ankle pain, associated with an industrial injury date of March 5, 2002. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 5/6/14, showed worsening of left ankle pain and low back pain. The pain can shoot up to 8/10. Physical examination revealed negative straight leg raising test and Fabere's test. There was decreased sensation of the left L5 dermatome. There was restricted range of motion for the lumbar spine. There was tenderness of the left ankle at the lateral malleolus with no associated laxity. Treatment to date has included home exercise and medications, such as Soma (as early as November 2013) and intermittent use of Tylenol no. 3 (since March 2008).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol no. 3 #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Opioids for chronic pain Page(s): 35, 80.

Decision rationale: Tylenol #3 (tylenol with codeine) is a brand name for acetaminophen with codeine. According to the California MTUS Chronic Pain Medical Treatment Guidelines codeine is recommended as an option for mild to moderate pain. The guidelines further state that opioids appear to be efficacious for chronic back pain, but are limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, the patient has been on Tylenol since March 2008. However, the medical records showed that the medication was previously modified multiple times for the purpose of weaning. Furthermore, there was no documentation concerning objective pain relief and functional improvement derived from its use. Therefore, the request is not medically necessary.

Soma 350mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: As stated on pages 29 and 65 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. It is not recommended and is not indicated for long-term use. Guidelines state that its use is not recommended for longer than a 2-3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. In addition, abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the patient has been using Soma as early as November 2013, which is beyond the recommended 2-3 week period. Furthermore, the patient is also on Tylenol with Codeine, which is not recommended to be used in conjunction with Carisoprodol, as it has a high potential for abuse. Muscle spasms were not evident in the recent progress reports. There is no discussion regarding continued use of Soma. Therefore, the request is not medically necessary.