

Case Number:	CM14-0083609		
Date Assigned:	07/21/2014	Date of Injury:	11/21/2003
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 injured worker is a 44 year old male with a date of injury on 11/21/2003. He has chronic neck and back pain, occipital headaches, left arm pain with numbness and weakness. He has been noted that continues to have chronic pain and is on a controlled chronic pain management, taking medications as directed: Norco 10/325mg, Percocet 10/325mg, Motrin 800. The pain medication prescribed allows the patient to be active and functional. His pain level has been noted 8/10 without the pain medication, and 2-4/10 with pain medication. Diagnoses include cervical brachial syndrome, left Cervical intervertebral disc syndrome and cervico-thoracic myofascial syndrome. The treatment plan was intermittent heat to reduce muscle spasm and to improve circulation to the area, apply ice packs for pain relief if there is an acute flare-up of low back pain, massage to relieve muscle spasm, gentle range of motion exercises and advance neck care exercises as tolerated. Yoga is also recommended. Previous UR Determination: request for prescription of Percocet 10/325mg #60, has been modified to # 40, and Carisoprodol 350mg # 60 with 2 refills modified to # 40 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records document that the patient was previously prescribed Percocet, however, there is no evidence of any significant pain and/or functional assessment specific to this medication. Furthermore, the injured worker is taking Norco as well; concurrent two similar opioids (both short acting containing Acetaminophen) is not warranted. On the other hand, the available records do not show Urinary toxicology study to support or rule out the patient compliance. Therefore, the medical necessity of Percocet 10/325mg # 60 has not been established. The request is not medically necessary and appropriate.

Carisoprodol 350mg #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

Decision rationale: This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin & (5) as a combination with codeine (referred to as "Soma Coma"). Intoxication appears to include subdued consciousness, decreased cognitive function, and abnormalities of the eyes, vestibular function, appearance, gait and motor function. In this case, there is little information as to the spasm and its characteristics as well as trials of first line therapy. Additionally, concurrent use with hydrocodone is not recommended due to potential for abuse. Furthermore, the medical records do not document any significant improvement in pain or function with its prior use. Therefore, the request is not medically necessary and appropriate.

