

Case Number:	CM14-0083697		
Date Assigned:	07/21/2014	Date of Injury:	05/02/2012
Decision Date:	12/31/2014	UR Denial Date:	05/15/2014
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, has a subspecialty in Pain Management, 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 patient is a 55-year-old female with date of injury of 05/02/2012. The treating physician's listed diagnoses from 03/05/2014 are: 1. Cervical spine strain blowout radiculopathy 2. Lumbar spine strain out radiculopathy 3. Bilateral shoulder impingement syndrome 4. Bilateral lateral epicondylitis 5. Bilateral carpal tunnel syndrome 6. Internal derangement of the bilateral knees According to this report, the patient continues to have limited range of motion in her bilateral knees. She is also having significant low back pain which radiates to the bilateral lower extremities. The patient is not able to stand up straight. The examination of the cervical spine shows paraspinal muscles are tender. Spasms are present. Range of motion is restricted. Anterior shoulders are tender to palpation. Positive impingement sign in her bilateral shoulders. Bilateral lateral elbows are tender to palpation. Grip strength is reduced bilaterally. Straight leg raise is positive bilaterally. There is a well-healed scar over the bilateral knees. The documents include progress reports from 12/04/2013 and 03/05/2014. The utilization review denied the request on 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg tab #60 with 2 Refills: 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 (Soma) Page(s): 29.

Decision rationale: This patient presents with bilateral knee and low back pain radiating to the bilateral lower extremities. The treater is requesting CARISOPRODOL 350 MG TABLET QUANTITY 60 WITH 2 REFILLS from the 03/05/2014 report. The MTUS Guidelines page 29 on carisoprodol (Soma) states that it is not recommended. 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). The records show that the patient was prescribed Carisoprodol on 12/04/2013. Given that MTUS does not support the long-term use of this medication, recommendation is for denial.

APAP 10/325 mg #180 with 3 Refills: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: This patient presents with bilateral knee in low back pain radiating to the bilateral lower extremities. Based on the 03/05/2014 report, the request is for HYDROCODONE/APAP10/325 MG QUANTITY 180 WITH 3 REFILLS. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The record show that the patient was prescribed Norco on 12/04/2013. The 2 progress reports do not discuss medication efficacy. No pain scales were provided, no specifics regarding ADL's, no significant improvement, no mention of quality of life changes and no discussions regarding "pain assessments" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as a urine drug screen or CURES report. Recommendation is for denial.