

Case Number:	CM14-0087210		
Date Assigned:	07/23/2014	Date of Injury:	07/26/2004
Decision Date:	09/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 65-year-old male with a reported date of injury on 07/26/2004. The mechanism of injury was noted to be from a slip on a pipe and fall. His diagnoses were noted to include lumbar strain with left lumbar radiculopathy and secondary insomnia due to chronic pain. His previous treatments were noted to include medication, exercise, and a cane. The progress note dated 04/28/2014 revealed complaints of low back pain with radiation to the left lower extremity and occasional cramping. The injured worker revealed he had difficulty walking, sitting, sleeping, and activities of daily living due to pain. The physical examination revealed decreased sensation to the top of the left foot, lateral foot, and sole in the S1 distribution. There was moderate paralumbar muscle spasm and decreased range of motion. There was a positive straight leg raise test to the left side. The Request for Authorization form was not submitted within the medical records. The request was for hydrocodone/APAP 5/325 mg #30 with 3 refills for intense pain and Carisoprodol 350 mg #30 with 3 refills for muscle spasm control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also stated that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, Hydrocodone/APAP 5/325mg #30 is not medically necessary.

Carisoprodol 350mg #30 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 Muscle Relaxants Page(s): 63.

Decision rationale: The request for carisoprodol 350 mg #30 with 3 refills is not medically necessary. The injured worker complained of lumbar spine pain. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs and pain in overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.