

Case Number:	CM14-0197108		
Date Assigned:	12/05/2014	Date of Injury:	08/21/1990
Decision Date:	02/04/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

This is a male worker with a date of injury of August 21, 1990. Mechanism of injury is unknown. Diagnoses include lumbar disk injury, lumbar vertebra HNP/displacement, lumbar low back pain syndrome and lumbar sciatica pain. In physician's progress report dated September 3, 2014, the injured worker stated that he was in need of pain relief. It was noted that he was working but between the longer hours on his feet and the drive to work, he hurt more. Physical examination of the lumbar spine revealed tender lumbosacral joint and bilateral sciatic notches. He had full painless range of motion of the hips. Medications were listed for treatment. A prospective request was made for 1 prescription of Hydrocodone 7.5/325 mg #120 with 6 refills and 1 prescription of Carisoprodol 350 mg #120 with 6 refills. On November 1, 2014, utilization partially approved the Hydrocodone and denied the Carisoprodol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #120 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little functional improvement or pain relief over the course of the last year. Hydrocodone 7.5/325mg #120 with 6 refills is not medically necessary.

Carisoprodol 350mg #120 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 29.

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol 350mg #120 with 6 refills is not medically necessary.