

Case Number:	CM14-0201261		
Date Assigned:	12/11/2014	Date of Injury:	10/13/2009
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 56 year old male with an injury date on 10/13/2009. Based on the 11/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar Radiculopathy 2. Low Back Pain 3. Knee Pain According to this report, the patient complains of "chronic progressive pain in his mid-back, lower back, and bilateral knees. His lower back pain radiates down to his left lower extremity. The pain is associated with weakness in the legs. The pain is constant in frequency and severe in intensity." Examination findings show "The patient has antalgic gait; has slowed gait; has a wide-based gait." Lumbar spine reveals loss of normal lordosis. Lumbar facet loading is positive on both sides. Straight leg raising test is positive on the left side in sitting at 80 degrees." There is no positive finding for the knee examination. The patient's work status is "remains off-work until 07/30/2014." The treatment plan is requested for a TENS Unit, annual gym membership with a pool, consultation to a psychologist, and medications. The patient's past treatment consists of CURES, UDS, lab work, land-based therapy, aquatic therapy, TENS Unit, MRI, injection, seen a sleep specialist, and medications. There were no other significant findings noted on the record. The utilization review denied the request for (1) Carisoprodol 350 mg, 60 count and (2) Norco 10/325 mg, 120 count on 11/03/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/19/2014 to 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64.

Decision rationale: According to the 11/03/2014 report, this patient presents with "chronic progressive pain in his mid-back, lower back, and bilateral knees." Per this report, the current request is for Carisoprodol 350 mg, #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the treating physician is requesting Carisoprodol 350 mg, #60. This medication is first documented in the 05/19/2014 report. Carisoprodol is not recommended for long term use. The provider does not mention that this is for short-term use to address a flare-up or an exacerbation. Therefore, the request is not medically necessary.

Norco 10/325 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 11/03/2014 report, this patient presents with "chronic progressive pain in his mid-back, lower back, and bilateral knees." Per this report, the current request is for Norco 10/325 mg, #120. This medication was first mentioned in the 06/11/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician mentions that "The pain is aggravated by walking, prolonged standing, prolonged sitting, reaching, doing overhead activities, kneeling, prolonged walking, stooping, crawling, bending forward, bending backward, and lifting and carrying items. With regard to functional limitations during the past month, the patient avoids socializing with friends, physically exercising, performing household chores, participating in recreation, doing yard-work or shopping, and having sexual relations because of his pain." The patient states that "the pain in his lower back is 80% of his pain, and the pain in his left leg is 20% of his pain." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, activities of daily living (ADLs), adverse side effects, and aberrant 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 medication to work and duration of pain relief. In this case,

the treating physician mentions ADL; however, there is no documentation of pain assessment, aberrant behavior, and adverse effects of medications. The current request does not meet the opioid criteria for continuation per the MTUS guidelines. The current request is not medically necessary.