

Case Number:	CM15-0107470		
Date Assigned:	06/11/2015	Date of Injury:	01/03/2001
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 45 year old female who sustained an industrial injury on 01/03/2001. She reported injury to the neck and low back, head, left breast and left hand. The injured worker was diagnosed as having cervicgia; brachial neuritis/radiculitis; thoracolumbar neuritis/radiculitis; lateral epicondylitis of the elbow; and lesion of the ulnar nerve. Treatment to date has included Botox injections, chiropractic visits, massage therapy, medications, ice, trigger point injections, use of a transcutaneous electrical nerve stimulation (TENS) unit, and activity modifications. Current medications include Naprosyn, Soma, hydrocodone, and Percocet. Currently, the injured worker complains of weakness of the left upper extremity with a cervical myofascial pain syndrome secondary to a cervical cord injury. On exam, there is moderate tenderness at the mid-lumbar area at the fascial attachment and at the mid thoracolumbar area. The physician administered Botox 12.5 units per injection. Sites were chosen in the levator scapulae, trapezius, the medial scapular boarder, and the cervical spine paravertebral musculature, all on the left side. The IW reported significant relief with prior administrations of Botox. The treatment plan included a decreased activity for the following 24 hours post Botox, Use of ice intermittently for 24 hours, and go to the ED for any allergic reaction, and follow-up in the office for other problems. A request for authorization is made for Carisoprodol 350mg; dispensed on 4/3/15 Qty: 90, and Hydrocodone 10/325mg dispensed on 4/3/15 Qty: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisprodol 350mg; dispensed on 4/3/15 Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 29, 63.

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with muscle spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation that the patient has a benefit from the use of Carisoprodol. There is no evidence of benefit of long term use of Carisoprodol. Therefore, the request for Carisoprodol 350 mg #90 is not medically necessary.

Hydrocodone 10/325mg dispensed on 4/3/15 Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91, 76, 77, 90, 78, 43, 74, 86, 80, 82, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Hydrocodone. Hydrocodone was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Hydrocodone 10/325mg #120 is not medically necessary.