

Case Number:	CM15-0131086		
Date Assigned:	07/17/2015	Date of Injury:	03/06/2009
Decision Date:	09/09/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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 York

Certification(s)/Specialty: Internal 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 is a 53 year old female, who sustained an industrial injury on 3/6/2009. She reported bilateral foot pain after pushing heavy carts. The injured worker was diagnosed as having bilateral foot pain. Treatment to date has included medications, orthotics, home exercise, golf ball massage, weight loss, ice, and foot soaks. The request is for Carisoprodol and Hydrocodone 5/325mg. On 12/22/2014, her medication list included Carisoprodol, and Hydrocodone-acetaminophen. She is on work restrictions. She complained of right ankle and foot pain, as well as left foot pain. She indicated there to be pain radiation up to the mid back on occasion. The treatment plan included Carisoprodol and Hydrocodone-acetaminophen. On 3/16/2015, she is noted to have had intermittent corticosteroid injections, and physical therapy. On 5/29/2015, her medications are listed as hydrocodone-acetaminophen. She is on work modifications. On 6/1/2015, she complained of bilateral foot pain. She reported pain with walking, night pain, and pain radiation up to the low back. Physical findings revealed high foot arches, tenderness to the feet, and right ankle. The treatment plan included hydrocodone-acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Functional restoration approach to chronic pain management; Functional improvement definition; Muscle relaxants Page(s): 29, 8-9, 1, 63-66.

Decision rationale: Per the CA MTUS guidelines, Carisoprodol (Soma) is a muscle relaxant and is not recommended. This medication is not indicated for long-term use (2 to 3 weeks). It is unclear regarding when Soma had originally been prescribed or if this request is for a trial of Soma; however, the records indicate that on According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. The records do not indicate she was having muscle spasms. The records do indicate that she had been utilizing Carisoprodol since at least December 2014, which is beyond 2-3 weeks, without noted benefit. She also continued to be on modified/restricted duty work status. Her activities of daily living with the use of Carisoprodol are not indicated in the records. Based on these findings the request for Carisoprodol 350mg #30 is not medically necessary.

Hydrocodone 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids Page(s): 51, 74-95.

Decision rationale: The records indicate that she is utilizing Hydrocodone-Acetaminophen (Norco). Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. Hydrocodone is considered a semi-synthetic opioid, which is considered the most potent oral opioid that does not require special documentation in some states (not including California). The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The guidelines note that there are no [REDACTED]-approved hydrocodone products for pain unless formulated as a combination. The guidelines state that the usual dose of 5/500mg is 1 or 2 tablets by mouth every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. The guidelines state that Hydrocodone has a recommended maximum dose of 60mg/24 hours and that the dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the injured worker had been taking Hydrocodone-Acetaminophen with no noted benefit. The records do not continuously document her current pain level with the use of Hydrocodone-Acetaminophen; her least reported pain over the period since her last assessment with the use of Hydrocodone-Acetaminophen; her average pain with the use of Hydrocodone-Acetaminophen; the intensity of pain after taking Hydrocodone-Acetaminophen; how long it takes for pain relief with the use of Hydrocodone-Acetaminophen; and how long her pain relief lasts with the use of Hydrocodone-Acetaminophen. In addition, the records do not consistently document her level of function, or any improvement to her quality of life with the use of Hydrocodone-Acetaminophen. Therefore, the request for Hydrocodone 5/325mg #30 is not medically necessary.