

Case Number:	CM15-0197235		
Date Assigned:	11/05/2015	Date of Injury:	12/06/2003
Decision Date:	12/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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: California

Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on 12-6-2003. The medical records indicate that the injured worker is undergoing treatment for chronic neck pain-stiffness, bilateral shoulder pain, and right arm pain with marked flare-ups, chronic mixed headaches, depression-anxiety, insomnia, and degenerative cervical disc disease. According to the progress report dated 8-12-2015, the injured worker presented with complaints of increased weight. In addition, she reports trouble sleeping at night. The physical examination was unremarkable. The current medications are Carisoprodol, Hydrocodone-APAP (since at least 3-19-2015), Pantoprazole, and Alprazolam. Treatments to date include medication management and psychotherapy. Work status is not indicated on the 8-12-2015 progress note. The original utilization review (9-15-2015) partially approved a request for Carisoprodol 350mg #90 (original request was for #90 with 4 refills). The request for Hydrocodone-APAP 10-325mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90, 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The requested Carisoprodol 350mg #90, 4 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Carisoprodol, Page 29, specifically do not recommend this muscle relaxant, and Muscle Relaxants, Pages 63-66 do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic neck pain- stiffness, bilateral shoulder pain, and right arm pain with marked flare-ups, chronic mixed headaches, depression-anxiety, insomnia, and degenerative cervical disc disease. According to the progress report dated 8-12-2015, the injured worker presented with complaints of increased weight. In addition, she reports trouble sleeping at night. The physical examination was unremarkable. The current medications are Carisoprodol, Hydrocodone-APAP (since at least 3-19-2015), Pantoprazole, and Alprazolam. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Carisoprodol 350mg #90, 4 refills is not medically necessary.

Hydrocodone/APAP 10/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Hydrocodone/APAP 10/325mg #90 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic neck pain-stiffness, bilateral shoulder pain, and right arm pain with marked flare-ups, chronic mixed headaches, depression-anxiety, insomnia, and degenerative cervical disc disease. According to the progress report dated 8-12-2015, the injured worker presented with complaints of increased weight. In addition, she reports trouble sleeping at night. The physical examination was unremarkable. The current medications are Carisoprodol, Hydrocodone-APAP (since at least 3-19-2015), Pantoprazole, and Alprazolam. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 10/325mg #90 with 2 refills is not medically necessary.