MAXIMUS Federal Services

Case Number:	CM15-0209330		
Date Assigned:	10/28/2015	Date of Injury:	07/27/1987
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 7-27-1987. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy, chronic pain, lumbosacral fusion on 1-7-2015 and a heart attack in June of 2015, interfering with physical therapy. A recent progress report dated 9-28-2015, reported the injured worker complained of low back pain, rated 6-7 with medications and 8-9 without medications. The injured worker reported he could not manage his pain with a reduction in Norco. Physical examination revealed lumbar 4-sacral 1 spasm and tenderness to palpation. Treatment to date has included physical therapy Carisoprodol (since at least 3-2014) and Hydrocodone-APAP (since at least 2012). On 10-12-2015, the Request for Authorization requested 90 Carisoprodol 350mg and 90 Hydrocodone-APAP 10-325mg. On 10-16-2015, the Utilization Review noncertified the request for 90 Carisoprodol 350mg and 90 Hydrocodone-APAP 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Carisoprodol 350mg: 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): Muscle relaxants (for pain), Carisoprodol (Soma).

Decision rationale: The claimant has a remote history of a work injury in July 1987 and is being treated for injuries sustained while working as a Police Detective. He underwent a lumbar fusion in January 2015 and sustained a heart attack in June 2015. When seen in September 2015, he was having low back pain with frequent muscle spasms. Medications were decreasing pain from 8- 9/10 to 6-7/10 with improved activities of daily living and activity tolerance with specific examples given. Physical examination findings included a decreased lumbar lordosis. He was wearing a lumbar brace. There was lumbar tenderness with spasms. There was decreased right lower extremity strength. A CURES report had been consistent with the claimant's medication use. Norco and Soma were continued. The total MED (morphine equivalent dose) was 30 mg per day. Soma had been prescribed since January 2013.Soma (Carisoprodol) is a muscle relaxant which is not recommended and not indicated for long-term use. Meprobamate is its primary active metabolite is and the Drug Enforcement Administration placed Carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. In this case, there are other medications and treatments that would be considered appropriate for the claimant's condition. Soma appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing of Soma is not considered medically necessary.

90 Hydrocodone/APAP 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov;94 (2):149-58.

Decision rationale: The claimant has a remote history of a work injury in July 1987 and is being treated for injuries sustained while working as a Police Detective. He underwent a lumbar fusion in January 2015 and sustained a heart attack in June 2015. When seen in September 2015, he was having low back pain with frequent muscle spasms. Medications were decreasing pain from 8- 9/10 to 6-7/10 with improved activities of daily living and activity tolerance with specific examples given. Physical examination findings included a decreased lumbar lordosis. He was wearing a lumbar brace. There was lumbar tenderness with spasms. There was decreased right lower extremity strength. A CURES report had been consistent with the claimant's medication use. Norco and Soma were continued. The total MED (morphine equivalent dose) was 30 mg per day. Soma had been prescribed since January 2013.Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the

patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.