

Case Number:	CM15-0022162		
Date Assigned:	02/11/2015	Date of Injury:	08/13/2009
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/05/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 60 year old male, who sustained an industrial injury on 8/13/2009. He has reported a neck and back injury. The diagnoses have included lumbago, cervicgia, and long term use of medications. He is status post cervical fusion C5-7 2012, left arm surgery 2011 and knee surgery in 1990. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, and medical branch blocks to C2-C5. Currently, the IW complains of neck and back pain rated 9/10 VAS at worst and 6/10 VAS at best. Objective findings documented 1/15/15 included facet tenderness to lumbar spine, straight leg test was positive, decreased Range of Motion (ROM) of lumbar spine secondary to pain. The plan of care included waiting for acupuncture approval and continuation of previously prescribed medications. On 1/28/2015 Utilization Review non-certified Carlsoprodol 350mg #90 and Hydrocodone APAP 10/325mg #120, noting the one month supply of each medication requested would be allowed for weaning purposes. The MTUS, Guidelines were cited. On 2/5/2015, the injured worker submitted an application for IMR for review of Carlsoprodol 350mg #90 and Hydrocodone APAP 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29, 63-66. Decision based on Non-MTUS Citation Chronic Pain, Soma (Carisoprodol)

Decision rationale: MTUS states regarding Crisoprodol, "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Tapering of Soma was recommended in the UR. Guidelines do not recommend long term usage of SOMA. Treating physician does not detail circumstances that would warrant extended usage. As such, the request for Carisoprodol 350mg #90 is not medically necessary.

Hydrocodone/ACET 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids Page(s): 51, 74-95. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. The

Utilization review has noted the need for tapering and weaning, which is appropriate. As such, the question for Hydrocodone/APAP 10/325mg #120 is not medically necessary.