

Case Number:	CM15-0046971		
Date Assigned:	03/19/2015	Date of Injury:	07/30/2012
Decision Date:	11/13/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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 male who sustained an industrial injury on 07-30-2012. His primary diagnoses include cervical spine discogenic disease; thoracic sine sprain-strain; radiculitis of lumbar spine; lumbar spine discogenic disease (B) shoulder strain-sprain; (right) foot sprain; depression; fracture of (left) great toe (from a previous review). The limited submitted medical records consist of two Comprehensive Drug Panel reports, one report submitted 08/09/2013 (from a urine specimen collected 08-01-2013), and a second report on 09-19-2013 (from a urine specimen submitted 09-12-2013). Neither report showed the presence of anti-convulsants, anti-depressants, barbiturates, benzodiazepine, sedatives or opiates. Medical records that document the worker's history, treatment plans, or medical examinations are not found in the submitted documents. An application for independent medical review was submitted on 02/21/2015 for: 1. Hydrocodone/Acetaminophen 10/325 mg, 120 count, provided on July 14, 2014. 2. Carisoprodol 350 mg, 120 count, provided on January 21, 2014. 3. Hydrocodone-APAP 10/325 mg, 120 count provided on January 21, 2014 4. Ibuprofen 800 mg, ninety count, provided on August 7, 2013. 5. Hydrocodone-Acetaminophen 10/325 mg, 120 count, provided on August 7, 2013. 6. Carisoprodol 350 mg, 120 count, provided on August 7, 2013. 7. Carisoprodol 350 mg, 120 count, provided on June 21, 2013. A utilization review decision 02-20-2015 denied the requests in their entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325 mg, 120 count, provided on July 14, 2014: 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 California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side-effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "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 and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. No medical records can be found that include the above recommended documentation. Therefore the requested treatment: Hydrocodone/Acetaminophen 10/325 mg, 120 count, provided on July 14, 2014 is not medically necessary.

Carisoprodol 350 mg, 120 count, provided on January 21, 2014: 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).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this injured worker, no information can be found in the submitted medical records that show a documented benefit or any functional improvement from Carisoprodol use. Medical necessity for the requested medication has not been established. The Requested Treatment: Carisoprodol 350 mg, 120 count, provided on January 21, 2014 is not medically necessary.

Hydrocodone-APAP 10/325 mg, 120 count provided on January 21, 2014: 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 California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain.

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Ibuprofen 800 mg, ninety count, provided on August 7, 2013: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS, NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. In this injured worker, no information can be found in the submitted medical records that show a documented benefit or any functional improvement from Ibuprofen use. Medical necessity for the requested medication has not been established. Therefore the request treatment: Ibuprofen 800 mg, ninety count, provided on August 7, 2013 is not medically necessary and appropriate.

Hydrocodone-Acetaminophen 10/325 mg, 120 count, provided on August 7, 2013: 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 California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain.

"Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "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 and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. No medical records can be found that include the above recommended documentation. Therefore the requested treatment: Hydrocodone/Acetaminophen 10/325 mg, 120 count, provided on August 7, 2013 is not medically necessary.

Carisoprodol 350 mg, 120 count, provided on August 7, 2013: 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).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this injured worker no information can be found in the submitted medical records that show a documented benefit or any functional improvement from Carisoprodol use. Medical necessity for the requested medication has not been established. The Requested Treatment: Carisoprodol 350 mg, 120 count, provided on August 7, 2013 is not medically necessary.

Carisoprodol 350 mg, 120 count, provided on June 21, 2013: 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).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this injured worker, no information can be found in the submitted medical records that show a documented benefit or any functional improvement from Carisoprodol use. Medical necessity for the requested medication has not been established. The Requested Treatment: Carisoprodol 350 mg, 120 count, provided on June 21, 2013 is not medically necessary.