

Case Number:	CM13-0062429		
Date Assigned:	05/16/2014	Date of Injury:	01/07/2002
Decision Date:	07/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old female who has submitted a claim for lumbosacral neuritis, lumbar strain or sprain, lumbar arthritis, sacral radiculitis, and degeneration of lumbar intervertebral disc; associated from an industrial injury date of 01/07/2002. Medical records from 12/13/2012 to 11/16/2013 were reviewed and showed that patient complained of left wrist pain, graded 6/10, and persistent low back pain radiating into the tailbone. She continues to work for 40 or more hours a week. Physical examination showed limitation of range of motion of the lumbar spine secondary to pain. Palpable spasms are noted over the facet joints. Straight leg raise test is positive on the left. Treatment to date has included Ambien CR, Soma, clonidine, Duragesic, Flector patch, gabapentin, hydrocodone/APAP, ibuprofen, Topamax, omeprazole, left wrist joint steroid injection, and lumbar medial branch nerve radiofrequency rhizotomy - left L5, L4, L3, and L2 levels (12/13/2012). In a utilization review, dated 12/03/2013, denied the request for carisoprodol because it is not indicated for long term use; denied the request for duragesic because of lack of documentation to meet the criteria for ongoing opioid therapy despite previous warnings; medically approved the request for gabapentin because it is recommended for neuropathic pain; and medically approved the request for omeprazole because patient is at risk for a gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARISOPRODOL 350 MG QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 76-80, 93.

Decision rationale: As stated on page 29 of the CA MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. 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. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. In this case, patient has been taking carisoprodol since 01/21/2013. However, there was no objective evidence of overall pain improvement and functional gains from its use. In addition, the guidelines do not support long-term use of this medication. Therefore, the request for CARISOPRODOL 350 MG QTY 30 is not medically necessary.

DURAGESIC 100 MCG QTY 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 76-80, 93.

Decision rationale: According to pages 76-80 and 93 of CA MTUS Chronic Pain Medical Treatment Guidelines recommend Duragesic for persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Patches are worn for a 72 hour period. Guidelines also state there should be documentation of the 4A's which include analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. Continued use of opioids is warranted if there is improved functioning and pain control. In this case, the patient has been on Duragesic since 01/21/2013. However, there was no objective evidence of overall pain improvement and functional gains from its use. In addition, there is no recent documentation of urine drug monitoring in the records submitted for review. Lastly, current guidelines recommend wearing the patches over a 72 hour period, while the patient changes her patches every 48 hours. Therefore, the request for Duragesic 100 MCG QTY 15 is not medically necessary.