

Case Number:	CM14-0113038		
Date Assigned:	08/01/2014	Date of Injury:	07/30/2007
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation 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 55-year-old male who has submitted a claim for reflex sympathetic dystrophy bilateral upper limbs associated with an industrial injury date of 07/30/2007. Medical records from 08/21/2013 to 08/08/2014 were reviewed and showed that patient complained of chronic bilateral upper extremities pain graded 6/10 described as constant and sharp ache with numbness, weakness, and stiffness. A physical examination revealed tenderness upon palpation of bilateral arms, hypesthesia, hyperalgesia, allodynia, and weakness of upper extremities graded 3/5. The treatment to date has included physical therapy, home exercise program, right cervical thoracic sympathetic block under fluoroscopy C7, C8, & T1 (12/13/2013 & 07/21/2014), left cervical thoracic sympathetic block under fluoroscopy C&, C8, & T1 (02/13/2014), Soma 350mg (quantity not specified; prescribed since 08/21/2013), Oxycodone 30mg (quantity not specified; prescribed since 08/21/2013), morphine Sulfate 60mg #15 (prescribed since 08/21/2013), and other pain medications. Of note, there was no documentation of functional outcome concerning abovementioned treatments. The utilization review dated 06/20/2014 denied the request for Carisoprodol 350 mg # 90. The utilization review dated 06/20/2014 modified the request for morphine sulfate 60mg #90 to morphine sulfate 60mg #30. The utilization review dated 06/20/2014 modified the request for Oxycodone 30mg #180 to Oxycodone 30mg #30. The rationale behind the decisions was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tablet 350mg #90.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: According to pages 29 and 65 of California MTUS Chronic Pain Treatment Guidelines, Carisoprodol (Soma) is not indicated for long-term use. The medication is not recommended for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. In this case, the patient was prescribed Soma 350mg (quantity not specified) since 08/21/2013. However, there was no documentation of functional outcome concerning Soma intake. The long-term use of Soma is not in conjunction with guidelines recommendation. Therefore, the request for Carisoprodol tablet 350mg #90 is not medically necessary.

Morphine sulfate tablets 60mg #90.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Morphine Sulfate 60mg #15 since 08/21/2013. However, there was no documentation of functional improvement or analgesia with opiates intake to support continuation of treatment. Therefore, the request for Morphine sulfate tablets 60mg #90 is not medically necessary.

Oxycodone tablets 30mg #180.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these

outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Oxycodone 30mg (quantity not specified) since 08/21/2013. However, there was no documentation of functional improvement or analgesia with opiates intake to support continuation of treatment. Therefore, the request for Oxycodone tablets 30mg #180 is not medically necessary.