

Case Number:	CM14-0127166		
Date Assigned:	08/13/2014	Date of Injury:	11/29/2012
Decision Date:	10/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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 & 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:

According to the records made available for review, this is a 33-year-old female with a 11/29/12 date of injury. At the time (7/19/14) of request for authorization for Carisoprodol Tab 350mg Day Supply: 30 Qty: 60 and Oxycontin Tab 10mg Cr Day Supply: 30 Qty: 60, there is documentation of subjective (right elbow, lower back, and upper back pain) and objective (tenderness over the lateral elbow, anterior shoulder, lumbar, and cervical paraspinal muscles with spasm, and decreased right shoulder, lumbar, and cervical range of motion) findings, current diagnoses (cervical sprain, lumbar radiculopathy, and lateral epicondylitis), and treatment to date (medications (including ongoing treatment with Oxycontin and Carisoprodol since at least 4/25/14) and chiropractic therapy). Medical report identifies that medications enable the patient to function and do activities of daily living. Regarding Carisoprodol, there is no documentation of short-term (up to two weeks) treatment. Regarding Oxycontin, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350mg Day Supply: 30 Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, lumbar radiculopathy, and lateral epicondylitis. In addition, there is documentation of ongoing treatment with Carisoprodol. Furthermore, given documentation of ongoing treatment with opioid, there is documentation that Carisoprodol is used as a second line treatment. Lastly, given documentation that Carisoprodol enables the patient to function and do activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Carisoprodol use to date. However, despite documentation of cervical paraspinal muscles with spasm, and given documentation of a 11/29/12 date of injury, there is no (clear) documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, given documentation of Carisoprodol use since at least 4/25/14, and a request for 60 tablets, there is no documentation of short-term (up to two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Carisoprodol, qty: 60 is not medically necessary.

Oxycontin Tab 10mg Cr Day Supply: 30 Qty: 60: 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; Oxycodone Page(s): 74-80;92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to

support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, lumbar radiculopathy, and lateral epicondylitis. In addition, there is documentation of ongoing treatment with Oxycontin. Furthermore, given documentation that Oxycontin enable the patient to function and do activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Oxycontin use to date. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin Tab 10mg Cr Day Supply: 30 Qty: 60 is not medically necessary.