

Case Number:	CM14-0148053		
Date Assigned:	09/18/2014	Date of Injury:	02/28/2007
Decision Date:	10/16/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 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:

This 55 year-old patient sustained a low back injury on 2/28/07 from pulling out a bottom drawer while employed by [REDACTED]. Request(s) under consideration include Carisoprodol Tab 350 MG #60 (30 Day Supply) and Vicodin Tab 5-300 MG #45 (22 Day Supply). Diagnoses include Lumbar post-laminectomy syndrome/ lumbosacral neuritis/ disc displacement/ spondylosis/ Sacroiliitis. Conservative care has included physical therapy, medications, permanent SCS placement on 12/23/10 with revision in December 2012, and modified activities/rest. There was Urine drug screening report dated 2/4/14 noting Vicodin listed for the patient, but was not detected on testing. Report of 3/27/14 from the provider noted the patient with ongoing chronic low back pain radiating to left lower extremity with associated burning, tingling, and cramping. Exam showed mildly antalgic gait; tenderness over left sacroiliac joint; decreased sensation in left lower extremity over lateral thigh and leg. Report of 5/9/14 noted unchanged pain symptoms. Exam showed normal gait; lumbar spine with diffuse tenderness at L4, iliolumbar region, quadratus lumborum; motor strength of 5/5 in lower extremities; decreased sensation of left lateral leg, dorsum and sole of foot and posterior leg. Treatment for medication refills without mention of UDS aberrance or change in medication profile. Report of 5/9/14 noted unchanged chronic symptoms, clinical findings, diagnoses, and treatment for continued medications with unchanged modified activities. The request(s) for Carisoprodol Tab 350 MG #60 (30 Day Supply) and Vicodin Tab 5-300 MG #45 (22 Day Supply) were non-certified on 8/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol Tab 350 MG #60 (30 Day Supply): Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Soma is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. This patient sustained an injury in 2007. Submitted reports from the provider noted continued ongoing pain with unchanged clinical exam findings without report of acute injury, flare-up, or functional improvement or benefit from treatment already rendered. MTUS Guidelines do not recommend long-term use of this Soma for this chronic injury. The Carisoprodol Tab 350 MG #60 (30 Day Supply) is not medically necessary and appropriate.

Vicodin Tab 5-300 MG #45 (22 Day Supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening negative for prescribed opiates in February 2014; however, no adjustment was made by the provider regarding the aberrant drug behavior. Peer review indicated prior recommendation for weaning. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Vicodin Tab 5-300 MG #45 (22 Day Supply) is not medically necessary and appropriate.

