

Case Number:	CM14-0185720		
Date Assigned:	11/13/2014	Date of Injury:	07/03/2012
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Practice and is licensed to practice in Alabama, Mississippi, and Tennessee. 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 injured worker is a 40-year-old female who reported an injury on 07/03/2012 due to an unknown mechanism. Diagnoses were degeneration of intervertebral disc (site unspecified), degeneration of lumbar or lumbosacral intervertebral disc, reflex sympathetic dystrophy (unspecified), displacement of lumbar intervertebral disc without myelopathy, anxiety state (unspecified), reflex sympathetic dystrophy of the upper limb, depressive disorder (not elsewhere classified), and psychophysiological disorder. A physical examination on 10/08/2014 revealed that the injured worker was taking Soma 350 mg for treatment of complaints. The injured worker reported that the medication helped decrease the spasm by 30%. Adverse side effects were reported as none. The injured worker was also taking Vicodin 7.5/325 for pain. The injured worker reported that the medication reduced the pain 45%. Examination of the lumbar spine revealed flexion was approximately to 50 degrees, extension was to 15 degrees with end range pain. Supine straight leg raise was negative bilaterally. It was also reported that the injured worker had a history of upper extremity RSD symptoms in her upper extremities and pain related mood disorder, which was worsening and causing interference with her ability to socialize appropriately. Treatment plan was to continue with home exercise program and medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

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

Decision rationale: The request for Carisoprodol 350mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule states that Soma (carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. 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. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Tapering should be individualized for each patient. The medical guidelines do not support the use of carisoprodol for longer than a 2 to 3 week period. The clinical documentation submitted for review provides evidence that the injured worker has been on this medication for an extended duration of time. Clinical note dated 03/04/2014 indicated that the injured worker was taking Soma on a regular basis. Furthermore, the request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Hydrocodone 7.5/300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Chronic Pain

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

Decision rationale: The request for hydrocodone 7.5/300mg #30 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and the limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function, and they recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The long term use of these medications should be based on measurements of pain relief and documented functional improvement without side effects or signs of aberrant use. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

