

Case Number:	CM14-0027214		
Date Assigned:	06/16/2014	Date of Injury:	06/08/2008
Decision Date:	08/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 37-year-old male with a reported date of injury on 06/08/2008. The mechanism of injury was reported to be a fall off a stool. The diagnoses were noted to include lumbar radiculopathy. His previous treatments were noted to include medications and physical therapy. The progress note dated 06/22/2014 revealed that the injured worker continued to have low back pain radiating to his left hip and leg with numbness and tingling. The injured worker has had a history of anxiety, depression and anger problems. The physical examination of the lumbar spine revealed that paraspinal muscles were tender with spasming. The range of motion was decreased; straight leg raise test was positive on the left, and sensation was reduced on the left in an L5 dermatomal distribution. The muscle strength testing was noted to be a 4/5. The Request for Authorization form dated 01/22/2014 was for Carisoprodol 350 mg and Hydrocodone (Norco 5/325 mg); however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE (NORCO 5/325MG) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - PAIN TREATMENT agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesic, activities of daily living, adverse side effects and aberrant drug behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status with regards to activities of daily living, any side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, increased function and adverse effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

CARISOPRODOL 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL, Page(s): 29.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend Carisoprodol as it 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 the treatment of anxiety. Abuse has been noted for its sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment and alter the effects of other drugs. This includes increasing the sedation of benzodiazepines or alcohol, use to prevent the side effects of cocaine, use with Tramadol to produce relaxation and euphoria, and used in combination with Hydrocodone and as a combination with Codeine. There is a lack of documentation regarding the efficacy and improved function with this medication. There was also a lack of documentation regarding muscle spasms to warrant a muscle relaxant. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.