

Case Number:	CM15-0006571		
Date Assigned:	01/21/2015	Date of Injury:	08/09/2010
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 29 year old man sustained an industrial injury on 8/9/2010 when a tarp flipped as he was trying to untangle it and he landed on his back. Treatment has included oral medications. A physician note dated 5/8/2014 is submitted that documents a flare-up of pain to 7/10 and continued full duties. No medication listing is included and this assessment is not current and, therefore, has limited use for this purpose. A work status report dated 1/14/2015 is included which documents a continued full duty status. On 12/16/2014, Utilization Review evaluated prescriptions for hydrocodone/APAP tab 10/325 mg #60 and carisoprodol 350 mg #30, that were submitted on 1/12/2015. The UR physician noted that long term opioids or muscle relaxants are not recommended for long term use. Further, there is no rationale for the ordered medications and no current examination submitted. The MTUS, ACOEM (or ODG) Guidelines was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10-325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is pain relief and functional support. Per Guidelines, the best evidence of this is a return to work. Even though the documentation sent for review is suboptimal the use of Hydrocodone appears fairly minimal and it is clearly documented he is able to return to full duties utilizing the medications. If his use of opioids accelerates or the functional status deteriorates, this issue can be reviewed. However, at this point in time, the Hydrocodone/APAP 10/325mg. #60 is adequately consistent with Guidelines and is medically necessary.

Carisoprodol 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: MTUS Guidelines specifically state that Carisoprodol (Soma) is not recommended for use under any circumstances. There is nothing to support an exception to the Guideline recommendations. The Carisoprodol 350mg. #30 is not medically necessary.