

Case Number:	CM15-0110080		
Date Assigned:	06/16/2015	Date of Injury:	10/01/2014
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 10/01/2014, complaining of injury to neck and low back as a result of cleaning a carpet and was struck by a door. On provider visit dated 05/20/2015 the injured worker complained of bilateral neck pain and low back pain. The examination of the cervical and lumbar spine revealed a decreased range of motion. Lumbar spine was noted to have a positive straight leg raise with noted back pain bilaterally. The diagnoses have included cervical myofascial sprain, multilevel disc protrusion with radiculitis, lumbar myofascial sprain and L5-S1 protrusion with nerve impingement. Treatment to date has included physical therapy and medication Norco and Soma. The injured worker was noted not to be working. The provider requested Hydrocodone/APAP (Norco) and Carisoprodol (Soma).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP tab 10/325 mg day supply 30 #60 no refill RX date 5/20/15 last filled 3/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 4 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Hydroco/APAP tab 10/325 mg day supply 30 #60 is not medically necessary.

Carisoprodol tab 350 mg day supply 30 #60 no refill RX date 5/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxer Page(s): 63-66.

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

Decision rationale: The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol tab 350 mg day supply 30 #6 is not medically necessary.