MAXIMUS Federal Services

Case Number:	CM15-0033616		
Date Assigned:	02/27/2015	Date of Injury:	08/13/2009
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 60-year-old male, who sustained an industrial injury on August 13, 2009. He has reported depression, anxiety, back and neck pain with associated weakness in the bilateral shoulders and spasms in the neck and back. The diagnoses have included lumbago, cervicalgia and long-term use of other medications. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of back and neck pain with associated weakness in the bilateral shoulders and spasms in the neck and back. The injured worker reported an industrial injury in 2009, resulting in the above described symptoms. He has been treated with multiple failed conservative therapies. Psychiatric evaluation on August 6, 2014, revealed he was feeling much better and was considered stable. Medications were continued. On November 19, 2014, evaluation revealed continued depression. Evaluation on January 7, 2015, revealed continued pain in the low back. Unfortunately, the injured worker reported swerving to miss a deer and hitting an Oak tree with his truck, reinjuring the low back, on the way to acupuncture therapy to treat an industrial injury to the low back. On February 5, 2015, Utilization Review non-certified a request for carisoprodol 350mg #120 and hydrocodone/APAP 10/325mg #120, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of requested carisoprodol 350mg #120 and hydrocodone/APAP 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carsoprodol 350 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 01/15/2015 report, this patient presents with a 6/10 constant stabbing, sharp, shooting, aching neck pain and chronic low back pain. The current request is for Carsoprodol 350 mg, ninety count. The request for authorization is not included in the file for review. The patient's work status was not mentioned in the provided reports. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Carsoprodol #90 and this medication was first noted in the 12/19/2014 report. Carsoprodol is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Hydrocodone/APAP 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: According to the 01/15/2015 report, this patient presents with a 6/10 constant stabbing, sharp, shooting, aching neck pain and chronic low back pain. The current request is for Hydrocodone/APAP 10/325 mg, 120 count. This medication was first mentioned in the 12/19/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the "4A's"; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In the medical reports provided for review, the treating physician states, "the pain is interfering with

her sleep, family life, work performance, and driving." Regular and frequent reevaluation addressing "4 A's"; analgesia, ADU, aberrant drug use, adverse reactions. In this case, the reports show documentation of pain assessment ranging from 6/10 to 9/10. UDS was obtained. Aberrant drug seeking behavior and adverse side effect were mentioned. ADL's are mentioned as above but there is no demonstration of "significant" improvement in ADL's. The treating physician does not mention in what specific way the ADL's or function are improved; no specific activities such as exercises, house-work, social interactions are discussed showing significant improvement due to medication use. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request IS NOT medically necessary.