

Case Number:	CM13-0053033		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2002
Decision Date:	03/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, and sacroiliac joint pain reportedly associated with a slip and fall industrial injury of January 10, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off work, on total temporary disability. In a utilization review report of October 31, 2013, the claims administrator denied a request for Soma and Vicodin. The claims administrator cited several non-MTUS Guidelines, outdated MTUS Guidelines, non-MTUS ODG Guidelines, and non-MTUS Third Edition ACOEM Guidelines, although the MTUS addresses all the topics at hand. The applicant's attorney subsequently appealed. A subsequent clinical progress note of December 12, 2013 is notable for comments that the applicant is unable to function. She reports 10/10 pain at times. Her pain is 7-8/10 with medications, it is stated. She reportedly denied side effects from medications. She exhibits an antalgic gait with limited lower extremity strength. She is given refills of Butrans, Vicodin, Soma, Neurontin, and Arthrotec. She is asked to remain off work, on total temporary disability, until the next visit. The applicant was again placed off work, on total temporary disability, on an earlier visit of October 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #180/3 Months-no refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or carisoprodol is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid analgesics. In this case, the applicant is using several opioid agents, including Vicodin, Butrans, etc. Adding carisoprodol or Soma to the mix is not indicated. It is further noted that the applicant has failed to exhibit any lasting benefit or functional improvement through prior usage of Soma or other analgesic medications. The fact that the applicant remains off work, on total temporary disability, is using several analgesic and adjuvant medications, and is now apparently intent on pursuing a functional restoration program, taken together, implies a lack of functional improvement as defined in the MTUS 9792.20(f) despite prior treatments. Accordingly, the request for Soma remains non-certified, on independent medical review.

Vicodin 5/300mg #90-no refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the aforementioned criteria have not seemingly been met. The applicant has failed to return to any form of work. The applicant remains off work, on total temporary disability, several years removed from the date of injury. The applicant remains highly reliant on various medical treatments and medications. All of the above, taken together, imply that ongoing usage of Vicodin has been unsuccessful. Continuing the same is not indicated. Therefore, the request is likewise not certified.