

Case Number:	CM14-0000815		
Date Assigned:	01/17/2014	Date of Injury:	02/20/2006
Decision Date:	06/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, has a subspecialty in Preventive 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 20, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy, including long- and short-acting opioids; laxatives; earlier lumbar laminectomy surgery; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated December 9, 2013, the claims administrator denied a request for Soma outright, partially certified Norco and OxyContin for weaning purposes, and approved a request for Colace or docusate. The applicant's attorney subsequently appealed. A November 18, 2013 medical-legal evaluation was notable for comments that the applicant was off of work, on total temporary disability. The medical-legal evaluator stated that the applicant should obtain a gym membership and a psychiatric evaluation as well as a weight loss program before the applicant could be considered as having reached MMI following earlier lumbar fusion surgery at L4-L5. Pain management progress note dated December 9, 2013 was notable for comments that the applicant reported persistent 7/10 pain. The applicant was on Colace, Norco, OxyContin, Soma, Neurontin, Prilosec, Valium, Wellbutrin, and Levoxyl. The applicant was obese with a BMI of 31, it was stated. Limited and painful lumbar range of motion was noted. The applicant was using a cane to move about. The applicant was given refills of Norco and OxyContin and advised to avoid operating machinery while using the medications. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #30: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is using several opioid medications, including Norco and OxyContin. Adding carisoprodol or Soma to the mix is not indicated. The request for Soma 350mg, thirty count, is not medically necessary or appropriate.

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Section, Page(s): 80.

Decision rationale: Norco is a short-acting opioid. As noted in the 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 achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant's ability to perform activities of daily living is seemingly diminished, despite ongoing opioid usage. There is no clear evidence of analgesia effected as a result of ongoing Norco therapy. The request for Norco 10/325 mg, 180 count, is not medically necessary or appropriate.

OXYCONTIN 60MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Section, Page(s): 80.

Decision rationale: According to the 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 achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence that the applicant's ability to perform non-work activities of daily living has been ameliorated in any

significant way. The progress note's details suggested that the applicant's ability to perform activities of daily living is reduced, despite ongoing opioid therapy. There is likewise no evidence of appropriate analgesia achieved as a result of ongoing OxyContin usage. The request for oxycontin 60mg, sixty count, is not medically necessary or appropriate.

OXYCONTIN 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Section, Page(s): 80.

Decision rationale: According to the 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 achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence that the applicant's ability to perform non-work activities of daily living has been ameliorated in any significant way. The progress note's details suggested that the applicant's ability to perform activities of daily living is reduced, despite ongoing opioid therapy. There is likewise no evidence of appropriate analgesia achieved as a result of ongoing OxyContin usage. The request for oxycontin 20mg, sixty count, is not medically necessary or appropriate.