

Case Number:	CM14-0011535		
Date Assigned:	02/21/2014	Date of Injury:	03/29/2000
Decision Date:	08/15/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 neck and low back pain reportedly associated with an industrial injury of March 29, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for Soma, denied a request for diazepam, and partially certified oxycodone, reportedly for weaning purposes. The claims administrator based its decisions, to a considerable degree, on an earlier Utilization Review Report which had also recommended weaning and/or discontinuing the medications in question. The applicant's attorney subsequently appealed. A September 9, 2013 progress note is notable for comments that the applicant had persistent complaints of chronic low back pain status post multiple spine surgeries. The applicant stated that traction had been unsuccessful. The applicant was apparently tearful and in considerable pain. The applicant was given refills of Soma, methadone, Valium, and oxycodone. Physical therapy was sought. The applicant's work status was not clearly stated. On August 18, 2013, it was stated that the applicant had ongoing issues with severe back pain and depression despite the birth of a recent grandchild. On February 6, 2014, the applicant was described as "barely comfortable" on her current medication regimen including Soma, methadone, oxycodone, Cymbalta, Lyrica, and Valium. The applicant continued to have poor functional status and was crying all day without Valium, it was stated. The applicant could only walk around the house a little bit despite ongoing usage of opioid therapy. The attending provider acknowledged that the applicant should try to consult a pain management physician to obtain some other more definitive treatment. The

applicant was nevertheless given a one-month supply of Soma, methadone, oxycodone, Cymbalta, Lyrica, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #120: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS 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, in fact, using a variety of opioid agents, including methadone and oxycodone. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

DIAZEPAM 5MG #208: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as diazepam may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the ability to recoup emotional and/or physical resources. In this case, however, the attending provider is seemingly employing diazepam or Valium for chronic, long-term, scheduled, and thrice-daily use purposes. This is not indicated, appropriate, or supported by ACOEM. It is further noted that the applicant did not appear to have achieved any lasting benefit through diazepam usage. The applicant's mental health issues appear to be worsened, not improved, despite ongoing usage of diazepam. The applicant remains tearful and depressed, it is further noted. Therefore, the request for diazepam is not medically necessary.

OXYCODONE 15 MG #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic. 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 achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's pain complaints appear to be heightened, despite ongoing opioid consumption, including ongoing oxycodone and ongoing methadone consumption. The applicant's ability to perform activities of daily living, per the treating provider, is reduced, not improved, despite ongoing usage of oxycodone. For all of the stated reasons, then, the request for oxycodone is not medically necessary.