

Case Number:	CM14-0157690		
Date Assigned:	09/30/2014	Date of Injury:	08/07/2004
Decision Date:	12/12/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; medical marijuana; epidural steroid injection therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 26, 2014, the claims administrator failed to approve a request for Norco, Percocet, and Soma. The claim administrator stated in the body of its report that Soma was being denied using non-MTUS ODG Guidelines in favor of MTUS Guidelines. The applicant's attorney subsequently appealed. In March 13, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into lower extremities. The applicant was using Lidoderm, Motrin, and Norco, it was acknowledged. The applicant was also using medical marijuana, it was further stated. In another section of the note, it was stated that the applicant had previously used Soma and Percocet. It did not appear that the applicant was working with permanent limitations in place. Multiple medications were issued, including 150 tablets of Norco, 30 tablets of Percocet, and 30 tablets of Soma. It was suggested that the applicant was using all of the medications in question on a daily basis. The attending provider stated that the medications in question were diminishing the applicant's pain complaints by 60% and allowing the applicant to perform activities of daily living including self-care and dressing herself. In a July 10, 2014 progress note, the applicant again reported persistent complaints of low back pain, 8/10, radiating into the left leg. Norco, Soma, and Percocet were either renewed and/or appealed. The attending provider again stated that the medications were allowing her to perform activities of daily living including self-care and dressing herself. Permanent work restrictions were again renewed. It did not appear that the applicant was working with said

permanent limitations in place. On August 7, 2014, the applicant again reported unchanged complaints of 8/10 low back pain radiating into the left leg. The applicant was using a variety of medications, including Norco, Motrin, Lidoderm, medical marijuana, Percocet, and various dietary supplements, it was acknowledged. Norco, Soma, and Percocet were appealed and/or renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Section Page(s): 76 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic, When to Continue Opioids topic Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider has failed to outline a compelling case for provision of two separate short-acting opioids, Norco and Percocet. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has seemingly failed to return to work with permanent limitations in place. While the attending provider has reported some 60% reduction in pain scores with ongoing medication consumption, this is, however, outweighed by the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing Norco usage. The attending provider's comments to the effect that the applicant's ability to perform self-care and dress herself has been ameliorated with ongoing medication consumption do not constitute substantive improvement with ongoing Norco therapy. Therefore, the request is not medically necessary.

Percocet 10/325 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76 - 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic, When to Continue Opioids topic Page(s): 79, 80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, "immediate discontinuation" has been suggested for applicants who are concurrently using opioids and illicit drugs. Here, the applicant is, in fact, concurrently using Percocet, an opioid agent, in conjunction with marijuana, an illicit drug. Immediate discontinuation of the offending opioid, Percocet, would appear to be a more appropriate option than continuing the same, particularly in light of the fact that the applicant does not seemingly meet criteria set forth

on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant does not appear to have returned to work with permanent limitations in place. While the attending provider has reported some reduction in pain scores achieved as result of ongoing medication usage, including ongoing Percocet usage, these are, however, seemingly outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as result of ongoing opioid usage, including ongoing Percocet usage. The attending provider's commentary that the applicant's ability to groom and dress herself have been ameliorated as result of ongoing medication usage, do not, in and of themselves, constitute evidence of substantive improvement achieved as result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Soma 350 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Here, the applicant is, in fact, concurrently using a variety of opioids, including Percocet and Norco. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.