

Case Number:	CM14-0171436		
Date Assigned:	10/23/2014	Date of Injury:	09/05/1997
Decision Date:	12/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 low back, myofascial pain syndrome, and asthma reportedly associated with an industrial injury of September 5, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long and short-acting opioids; and extensive periods of time off of work. In a Utilization Review Report dated July 11, 2014, the claims administrator apparently failed to approve request for Norco and Carisoprodol. While the summary decision on Norco appears to have been unfavorable, the body and text of the Utilization Review Report suggested that the applicant should continue on Norco. The claims administrator wrote in one section of the report that "I recommend certification of hydrocodone." In another section of the report, the claims administrator stated that it was denying hydrocodone-acetaminophen. The applicant's attorney subsequently appealed. In a progress note dated July 28, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using Nucynta. Average pain score of 6-7/10 was noted. The applicant was having difficulty sleeping secondary to pain. One section of the note stated that the applicant was working full time while another section of the note stated that the applicant was not working owing to pulmonary complaints. In another section of the note, it was stated that the applicant was represented while yet another section stated that the applicant had no pending litigations. The applicant was on Duexis, Norco, Nucynta, Soma, and Vimovo, it was acknowledged. The applicant's BMI was 25. The applicant was asked to continue Norco, Vimovo, Nucynta, and Soma. A trial of Duexis was endorsed. Epidural steroid injection therapy was sought. The applicant's work status was not clearly stated at the conclusion of the encounter, although, as previously noted, it did not appear that the applicant was working. In an April 7, 2014 progress note, it was stated that the applicant was having difficulty working owing to a

combination of lumbar and pulmonary complaints. The applicant was having difficulty performing activities as basic as sitting, standing, walking, it was acknowledged. An average pain score of 7-8/10 was noted. The applicant was using Norco, Nucynta, Soma, and Vimovo, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350mg Day supply: 15 QTY: 15, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol section, Carisoprodol topic Page(s): 65, 29.

Decision rationale: Based on the documentation on file, the applicant appears to have been using carisoprodol (Soma) for what appears to be a minimum of several months. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines notes that carisoprodol (Soma), however, is not recommended for longer than two three weeks. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines cautions against usage of carisoprodol in conjunction with opioid agents. Here, the applicant is, in fact, concurrently using two separate opioids, Nucynta and Norco. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

Hydroco/APAP tab 10-325mg day supply; 25 QTY, 75, no refills: 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 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. Here, however, the applicant is off of work. The applicant reported 7-8/10 pain complaints on an office visit of April 7, 2014, referenced above, and pain complaints of 6-7/10 on an office visit of July 27, 2014, also noted above. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, and walking. All of the foregoing, taken together, does not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.