

Case Number:	CM14-0185861		
Date Assigned:	11/13/2014	Date of Injury:	12/01/2006
Decision Date:	12/16/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Practice 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:

This case involves a 47-year-old female injured worker who sustained a work injury on 12/1/06 involving the right shoulder, neck and back. She was diagnosed with cervical degenerative disc disorder and chronic shoulder pain. She had been on OxyContin and Soma for pain since at least January 2014. A progress note on October 15, 2014, indicated the injured worker had 5/10 pain with medications and 9/10 pain without medications. Physical exam findings were not recorded at the time. The injured worker continued on medical management including Soma and OxyContin for pain. Her pain was similar as it was in August 2014. Exam findings at that time indicated the injured worker has limited range of motion of the cervical spine and tenderness in the paracervical region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg, sixty count: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed centrally acting skeletal muscle relaxant, whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with OxyContin which increases side effect risks and abuse potential. As such, this request is not medically necessary.

OxyContin 30 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: OxyContin is an opioid used for chronic pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use as long Term-use has not been supported by any trials. In this case, the injured worker had been on OxyContin for over 10 months without significant improvement in pain or function. In addition, the injured worker was taking an equivalent of 270 mg of morphine daily. The maximum recommended amount is 120 mg of morphine. The continued use of OxyContin is not medically necessary.