

Case Number:	CM14-0038391		
Date Assigned:	06/25/2014	Date of Injury:	01/16/1998
Decision Date:	08/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 medical center employee who has filed a claim for pain syndrome, chronic neck pain, chronic low back pain, chronic shoulder pain, and chronic foot and ankle pain, reportedly associated with an industrial injury of January 16, 1998. Thus far, the applicant has been treated with the following: analgesic medications; traction therapy; unspecified amounts of acupuncture; and opioid therapy. In a Utilization Review (UR) report dated March 13, 2014, the claims administrator denied a request for Hydrocodone, approved Ibuprofen, approved Prilosec, and denied Carisoprodol. The applicant's attorney subsequently appealed. In an August 15, 2012 medical-legal evaluation, it was acknowledged that the applicant had been off of work since October 1, 1999. The applicant was using Soma, Vicodin, Motrin, and Prilosec as of that point in time, it was stated. In a handwritten progress note dated February 20, 2014, the applicant was asked to remain off of work, and it was noted the patient had persistent, multifocal shoulder, neck, and low back pain. The note was handwritten and not entirely legible. The attending provider stated that medications were reportedly diminishing the applicant's pain and improving the ability to perform unspecified activities of daily living. Three months'-worth of Hydrocodone, Ibuprofen, Prilosec, and Soma were provided. The applicant was asked to follow up on an as-needed basis while remaining off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Hydrocodone 7.5/750 mg #180 for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criterion for continuation of opioid therapy is objective evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the opioid usage. In this case, however, this criterion does not seem to have been met. The applicant is off of work. The attending provider has not expounded upon any improvement in function or decrement in pain achieved as a result of ongoing opioid therapy with Hydrocodone. The applicant has been on Hydrocodone for what appears to be years. While the attending provider did suggest that the applicant was improving in terms of Hydrocodone usage, the provider did not elaborate on this or provide details of the evidence of this in the handwritten progress note provided. Therefore, the request is not medically necessary.

Refill Carisoprodol 350mg #90 for three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

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 is not recommended for long-term or chronic use, particularly when employed in conjunction with opioid agents. In this case, the applicant is concurrently using Hydrocodone, an opioid. Adding Carisoprodol (Soma) to the mix is not recommended. Therefore, the request is not medically necessary.