

Case Number:	CM14-0044335		
Date Assigned:	07/02/2014	Date of Injury:	08/13/2010
Decision Date:	08/15/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 pain reportedly associated with an industrial injury of August 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and muscle relaxants. In a Utilization Review Report dated April 2, 2014, the claims administrator partially certified a request for Norco and Soma, reportedly for weaning purposes. The claims administrator stated that the applicant had not affected any demonstrable benefit through the same. The applicant's attorney subsequently appealed. In a medical-legal evaluation of June 9, 2014, the applicant was described as divorced with four children, three of which were living with him. The applicant was on Soma and Norco for pain relief, it was stated. The applicant was described as last having worked on August 13, 2010, the date of injury, and had apparently failed to return to work since that point in time. In a progress note dated May 28, 2014, the applicant's pain management physician sought authorization for Botox injections for cervical dystonia. On April 28, 2014, the applicant was described as disabled and separated. The applicant was using Soma, Lodine, Norco, and Flomax, it was stated. The applicant had a BMI of 35. Weekly chiropractic manipulative therapy and Botox injections were sought. On March 19, 2014, it was stated that the applicant had gained 60 pounds since the date of injury. The applicant was asked to pursue a gym membership and/or try to exercise so as to lose weight. The applicant's BMI was 36. He was again described as using Norco, Lodine, and Soma on this occasion. The applicant's pain was rated as 9/10. The note was difficult to follow and mingled old complaints with current complaints. The applicant stated that he could not afford a gym membership on his own as he had to support three children using Workers' Compensation

indemnity benefits and that he would not be able to afford a gym membership without payments from the claims administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE / APAP (NORCO) 10/325MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management.

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. In this case, however, the applicant is off of work. The applicant has been reportedly deemed disabled, it has been suggested on several recent progress notes. The applicant's pain complaints consistently score as high, in the 8-9/10 range, despite ongoing opioid usage. The applicant has gained 60 pounds since the date of injury, it is further noted, implying that ongoing usage of opioids in the form of Norco have failed to effect any marked improvements in function. Therefore, the request is not medically necessary.

CARISOPRODOL 350MG, #90: 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 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, concurrently using Norco, an opioid agent. Adding Soma to the mix is not recommended. Therefore, the request is not medically necessary.