

Case Number:	CM14-0073047		
Date Assigned:	07/16/2014	Date of Injury:	05/01/2001
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedic Surgery, 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 records, presented for review, indicate that this 39-year-old individual was reportedly injured on May 1, 2001. The mechanism of injury was listed in these records reviewed. The most recent progress note, dated July 9, 2014, indicated that there were ongoing complaints of bilateral shoulder pain, thoracic spine pain and low back pain. The physical examination demonstrated a well-developed, well-nourished individual with no evidence of over medication, sedation or withdrawal symptoms. Three large vertical surgical scars are noted in the posterior thoracic area and are also noted to be well healed. There are no other pertinent positive physical examination findings reported. Diagnostic imaging studies are not presented. Previous treatment included surgical intervention, multiple medications, physical therapy and pain management techniques. A request had been made for multiple medications and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol tab 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS specifically recommends against the use of Soma and indicates that it is not recommended for long-term use. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. Furthermore, the physical examination does not support that there is any efficacy or utility with the chronic use of this medication. As such, there is insufficient clinical information presented to support this request. As such, with the very specific recommendation of the MTUS against the use of this medication, this medication is not medically necessary.

Oxycontin CR tab 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, 97.

Decision rationale: As noted in the MTUS guidelines, there is support for long acting opioids in chronic pain. This is particularly so when continuous around-the-clock analgesia is needed. However, there is also requirement that the lowest possible dose be utilized, and there is ongoing review documentation of pain relief, increased functional status and decreased symptomatology. Seeing none, there is insufficient clinical evidence presented in these progress notes to support the medical necessity of this request.