

Case Number:	CM15-0104072		
Date Assigned:	06/08/2015	Date of Injury:	03/16/2010
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 16, 2010. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve requests for Tylenol with Codeine, Soma, and oxycodone. The claims administrator referenced a May 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported 7-10/10 shoulder pain complaints. The applicant's pain complaints remained at "high" pain level, the treating provider acknowledged. The applicant had received a corticosteroid injection which had produced temporary pain relief. The applicant was nevertheless working as a mechanic despite ongoing pain complaints, it was acknowledged. The attending provider stated that ongoing usage of medications were ameliorating the applicant's ability to perform daily work tasks, including pushing, pulling, using wrenches, and tightening nuts and bolts. Soma, Norco, Tylenol No. 4, and short-acting oxycodone were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: No, the request for Soma (carisoprodol) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, the usage of carisoprodol or Soma for long-term use purposes was not recommended, particularly when employed in conjunction with opioid agents. Here, however, the applicant was apparently using multiple opioid agents, including Norco, Tylenol No. 4, and oxycodone. Ongoing usage of Soma in conjunction with the same was not indicated. Therefore, the request was not medically necessary.

Tylenol with codeine No. 4 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for Tylenol No. 4, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the attending provider's progress note of May 4, 2015 suggested that the applicant was using three separate short-acting opioids, Norco, Tylenol No. 4, and oxycodone. A clear or compelling rationale for such usage was not furnished. Therefore, the request was not medically necessary.

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the attending provider's progress note of May 4, 2015 suggested that the applicant was concurrently using three separate short acting opioids, oxycodone, Norco, and Tylenol No. 4. A clear or compelling rationale for such usage was not furnished. Therefore, the request was not medically necessary.