

Case Number:	CM15-0104980		
Date Assigned:	06/09/2015	Date of Injury:	10/27/2008
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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 40-year-old who has filed a claim for chronic neck, wrist, ankle, knee, and hand pain reportedly associated with an industrial injury of October 27, 2008. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for carisoprodol, tramadol, and Norco. The claims administrator referenced an order form dated April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On October 27, 2014, the applicant reported multifocal complaints of knee pain, reportedly moderate to severe, 8-9/10. The applicant was using Motrin, Ultram, Vicodin, and a TENS unit, it was reported at this point in time. The applicant was given prescriptions for Soma, Prilosec, Vicoprofen, Motrin, and Ultracet. The applicant was returned to regular duty work; it was reported at this point. On May 7, 2015, the applicant was referred to a pain management physician. In a handwritten note dated March 16, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of bilateral knee pain, reportedly imputed to knee arthritis, 7/10, partially relieved through usage of Vicoprofen. Viscosupplementation injection therapy, Motrin, Vicoprofen, and Prilosec were endorsed while the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and not altogether legible. There was seemingly no mention of carisoprodol, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Carisoprodol 250mg, unidentified total quantity (DOS: 4/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma), Muscle Relaxants.

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

Decision rationale: No, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant was, in fact, concurrently using multiple opioid agents, including Norco, Ultracet, tramadol, etc. Continued usage of Soma (carisoprodol) was not, thus, indicated in conjunction with the same. Therefore, the request was not medically necessary.

Retrospective Carisoprodol 350mg, unidentified total quantity (DOS: 4/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Carisoprodol (Soma), Muscle Relaxants.

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

Decision rationale: No, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. 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. Here, the applicant was, in fact, concurrently using multiple opioid agents, including Norco, Ultracet, tramadol, etc. Continued usage of Soma (carisoprodol) was not, thus, indicated in conjunction with the same. Therefore, the request was not medically necessary.

Retrospective Tramadol HCl 50mg, unidentified total quantity (DOS: 4/20/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant was off work, on total temporary disability. Pain complaints as high as 7/10 was reported, despite ongoing Norco usage. The attending provider failed to outline meaningful or material improvements in function affected because of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Retrospective Hydrocodone 4.5/200mg, unidentified total quantity (DOS: 4/20/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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 because of the same. Here, however, the applicant was off work, on total temporary disability, it was acknowledged above. The applicant continued to report pain complaints as high as 7/10, despite ongoing tramadol usage. The attending provider failed to outline meaningful or material improvements in function (if any) effected because of ongoing tramadol usage on a handwritten note of March 16, 2015. Not all of the foregoing, taken together, made a compelling case for continuation of the same. Therefore, the request was not medically necessary.