

Case Number:	CM15-0142659		
Date Assigned:	08/03/2015	Date of Injury:	11/19/1992
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/23/2015

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 57-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of depression and fibromyalgia (FM) reportedly associated with an industrial injury of November 19, 1992. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve requests for Duragesic and Soma. An RFA form received on June 9, 2015 was reference in the determination. The applicant and/or the applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the sole notes on file were dated April 6, 2015 and April 24, 2015; thus, the June 5, 2015 associated progress not which the claims administrator based its decision upon were not seemingly incorporated into the IMR packet. On April 6, 2015, the applicant reported ongoing complaints of low back pain, 10/10 without medications versus 4/10 with medications. The applicant was reportedly using a cane and/or walker to move about. The applicant's medications included Climara, Duragesic, and Soma. The applicant denied any depressive symptoms. The attending provider reported 10/10 pain without medications and 4/10 pain with medications. The attending provider stated that the applicant could not function without her pain medications at the bottom of the report. The attending provider stated that the applicant's pain complaints with medications were scored at 5/10. A heightened dose of Duragesic was endorsed, along with the lumbar support. Soma was renewed. The applicant's work status was not explicitly stated. The applicant had had earlier prior back and neck surgery, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 100mcg: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Duragesic, a long-acting opioid, was 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's work status was not clearly reported on April 6, 2015. While the attending provider did recount a reduction in pain scores from 10/10 without medications to 4/10 with medications in one section of the note and 10/10 without medications to 5/10 with medications in another section of the note, these reports were, however, outweighed by the attending providers failure to clearly recount the applicant's work status and the attending provider's failure to outline specific functions or functionality which have been ameliorated as a result of ongoing Duragesic usage (if any). The attending provider's commentary to the effect that the applicant was using a cane and/or walker to move about, coupled with the attending provider's failure to outline the applicant's work status, did not make a compelling case for continuation of opioid with Duragesic. While it is acknowledged that the June 5, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

Duragesic Patch 50 Mcg: Upheld

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

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

Decision rationale: No, the request for Duragesic, a long-acting opioid, was 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's work status was not clearly reported on April 6, 2015. While the attending provider did recount a reduction in pain scores from 10/10 without medications to 4/10 with medications in one section of the note and 10/10 without medications to 5/10 with medications in another section of the note, these reports were, however, outweighed by the attending providers failure to clearly recount the applicant's work status and the attending provider's failure to outline specific functions or functionality which

have been ameliorated as a result of ongoing Duragesic usage (if any). The attending provider's commentary to the effect that the applicant was using a cane and/or walker to move about, coupled with the attending provider's failure to outline the applicant's work status, did not make a compelling case for continuation of opioid with Duragesic. While it is acknowledged that the June 5, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: Similarly, the request of Soma (carisoprodol) was likewise 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 the opioid agents. Here, the April 6, 2015 progress note framed the request for Soma as a renewal request for the same. The applicant was concurrently using Duragesic, a long-acting opioid, on that date. Continued usage of Soma on a twice-daily basis, as suggested by the treating provider on April 6, 2015, in effect, represented treatment in excess of the "2- to 3-week" limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.