MAXIMUS Federal Services

Case Number:	CM15-0147690		
Date Assigned:	08/11/2015	Date of Injury:	06/24/2014
Decision Date:	09/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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 [redacted] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of June 24, 2014.In a Utilization Review report dated July 28, 2015, the claims administrator failed to approve requests for Soma and Percocet. The applicant's attorney subsequently appealed. In a handwritten progress note dated August 15, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back and hip pain with associated gait derangement. The applicant exhibited a visible limp. The applicant was placed off of work, on total temporary disability. Twelve sessions of physical therapy were endorsed. The applicant had undergone earlier hip arthroscopy at an unspecified point in time, the treating provider reported. On July 22, 2015, the applicant reported ongoing complaints of hip pain status post earlier hip arthroscopy on March 10, 2015. A hip corticosteroid injection was performed. Once again, no seeming discussion of medication efficacy transpired on this date. In a handwritten note dated July 21, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back and hip pain while Soma and Percocet were renewed. No seeming discussion of medication efficacy transpired. The applicant was asked to consult a spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 MG #30 with No Refill: Upheld

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

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: 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, carisoprodol or Soma is not recommended for chronic, long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using Percocet, an opioid agent. Adding carisoprodol or Soma to the mix was not recommended. The request in question was, furthermore, framed as a renewal or extension request for Soma. The applicant had seemingly used Soma for a minimum of several months prior to the date of the request, i.e., seemingly in excess of the 2-3 week limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Percocet 10 MG #60 with No Refill: Upheld

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

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

Decision rationale: Similarly, the request for Percocet, 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 as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on July 21, 2015. A handwritten progress note of that date failed to incorporate any discussion of medication efficacy. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of Percocet usage either on that date or on the subsequent note dated August 18, 2015. Therefore, the request is not medically necessary.