

Case Number:	CM15-0164561		
Date Assigned:	09/01/2015	Date of Injury:	08/26/2005
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 67 year old female, who sustained an industrial injury on 8-26-2005. The injured worker was diagnosed as having lumbago. Treatment to date has included diagnostics, acupuncture, bracing, and medications. Currently (6-10-2015), the injured worker was documented as gradually improving from medical problems. She was followed for her right knee and low back. She reported that her back and knees were sore, rated 4 out of 10. It was documented that the only additional medicine since the last visit was Tylenol #4. Function and activity was improved with medication use. It was documented that ovarian cancer was found incidentally and she started staging and chemotherapy. Exam of the back noted almost full range of motion for flexion, limited extension, and pain in the lumbosacral area, as well as over L1-L5, more to the left. Diagnostics of the right knee and lumbar spine were referenced. She was not working. Medications included Kadian, Tylenol #4, and Soma. Gabapentin would be tried for neuropathic pain. Current medications were noted for at least 6 months and no significant changes in pain levels or function were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 60mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Morphine (Kadian) is not indicated 1st line for mechanical or compressive etiologies. It is however indicated for chronic pain refractory to other medications. In this case, the claimant had chronic back and knee pain from the injury as well as ovarian cancer and mastectomy. The combination of all the above resulted in severe pain that requires Kadian to control pain and allow daily functioning. The continued use is appropriate and medically necessary.

Soma 350mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with high dose opioids which increase side effect risks and abuse potential. The use of Soma is not medically necessary.