

Case Number:	CM15-0183580		
Date Assigned:	09/24/2015	Date of Injury:	04/26/2002
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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 62-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of April 26, 2002. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve requests for Soma and Tylenol No. 3. A June 24, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated August 31, 2015, the applicant reported ongoing complaints of shoulder pain. The applicant was placed off of work, on total temporary disability. Laboratory testing was endorsed. No seeming discussion of medication efficacy transpired. On July 23, 2015, the applicant again reported ongoing complaints of shoulder pain. Unspecified medications were refilled. The applicant was placed off of work, on total temporary disability. No seeming discussion of medication efficacy transpired. The note was very difficult to follow, handwritten, and not altogether legible. On September 3, 2015, the applicant reported multifocal complaints of neck and shoulder pain. The applicant was no longer working, it was reported. The applicant was asked to pursue a weight loss program, continue a knee brace, and try to wean off of a cane. Diminished bilateral upper extremity grip strength was noted. Once again, no seeming discussion of medication efficacy transpired. On June 23, 2015, the applicant again reported ongoing complaints of neck and bilateral shoulder pain. The applicant was asked to consult a shoulder surgeon to consider shoulder surgery. The applicant was asked to continue current medications. It was acknowledged that the applicant was no longer working and had reportedly retired. Once again,

no seeming discussion of medication efficacy transpired. The applicant was described as having severe shoulder and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

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 or long-term use purposes. Here, the request in question was framed as a renewal or extension request for the same. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against concurrent usage of carisoprodol or Soma with opioid agents. Here, the applicant was using at least one other opioid agent, Tylenol No. 3. The addition of carisoprodol to the mix was not recommended. It was further noted that the 60-tablet renewal request for Soma at issue implied treatment in excess of the 2- to 3-week limit set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines for carisoprodol (Soma) usage. Therefore, the request is not medically necessary.

Tylenol #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for Tylenol No. 3, a short-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 as a result of the same. Here, however, the applicant was not working and had, moreover, been placed off of work, on total temporary disability, via progress notes of August 31, 2015 and July 23, 2015, referenced above. No seeming discussion of medication efficacy transpired on those dates. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.