

Case Number:	CM15-0187121		
Date Assigned:	09/29/2015	Date of Injury:	03/01/2000
Decision Date:	11/10/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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 61-year-old who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of March 1, 2000. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for Levorphanol and Soma. An order form dated August 11, 2015 was referenced in the determination. On July 13, 2015, the applicant reported ongoing complaints of left upper extremity pain. The applicant's medications included OxyContin, Levorphanol, Cymbalta, Soma, Colace, Topamax, and Atarax. Ongoing complaints of neck pain radiating to the upper extremities was reported. The applicant had issues with de Quervain's tenosynovitis. The attending provider suggested that psychological counseling would ameliorate the applicant's ability to work in a part-time capacity. The applicant was using OxyContin 30 mg at a rate of thrice daily, it was reported, levorphanol 2 mg three tablets three times thrice daily, Cymbalta 30 mg twice daily, Soma 350 mg nightly, Colace 250 mg three times daily, Topamax nightly, and Atarax nightly for sleep, it was stated. The attending provider seemingly stated his goals to try and reduced the applicant's opioid consumption. The applicant was described as having significant psychological overlay, stated in several sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol 2mg #270 RX 8/11/15: 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, Opioids, dosing, Opioids, specific drug list.

Decision rationale: No, the request for levorphanol, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, 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, while it was suggested that the applicant had returned to part-time work on July 13, 2015, the attending provider's July 13, 2015 office visit failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as result of ongoing levorphanol usage. Page 92 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that levorphanol is 4 to 8 times as potent as morphine. Assuming a morphine equivalent dose of 6, i.e., in the middle of the 4 to 8 times range noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant's consumption of OxyContin at a rate of 30 mg thrice daily in conjunction with levorphanol 6 mg three times daily represented a total daily dosage of 253 oral morphine equivalents, i.e., well in excess of the 120 mg oral morphine equivalent upper limit of normal established on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Soma 350mg #30 RX 8/11/15: 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: Similarly, the request for Soma 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, long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using two separate opioid agents, OxyContin and levorphanol. Continued usage of Soma on a long-term basis in conjunction with said opioids, thus, was at odds with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines and with the 2- to 3-week limit for carisoprodol usage established on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.