

Case Number:	CM15-0187144		
Date Assigned:	09/29/2015	Date of Injury:	08/27/2009
Decision Date:	11/10/2015	UR Denial Date:	09/22/2015
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 [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and arm pain with derivative complaints of sleep disturbance reportedly associated with an industrial injury of August 27, 2009. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for Norco and Soma. The claims administrator referenced a September 16, 2015 date of service in its determination. On said handwritten September 16, 2015 office visit, the applicant was asked to continue Norco and Soma while remaining off of work, on total temporary disability. 8-9/10 pain complaints were reported. The applicant was unchanged, it was acknowledged. No seeming discussion of medication efficacy transpired, although the attending provider did attach a questionnaire from the applicant stating that her medications were beneficial. Like the attending provider's progress note, the applicant's questionnaire comprised, in large part, of preprinted checkboxes, without much in the way of supporting rationale or commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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: No, the request for Norco, 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 off of work, on total temporary disability, it was reported on September 16, 2015. 8-9/10 pain complaints were reported on that date. The attending provider failed to outline meaningful, material, and/or substantive improvement in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

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).

Decision rationale: Similarly, the request for Soma (carisoprodol) is 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 opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Continued usage of carisoprodol (Soma), thus, was at odds with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.