

Case Number:	CM15-0190579		
Date Assigned:	10/02/2015	Date of Injury:	08/24/2001
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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 55-year-old who has filed a claim for chronic neck, arm, and shoulder pain reportedly associated with an industrial injury of August 24, 2001. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve requests for Soma and Percocet apparently prescribed on August 27, 2015. The applicant's attorney subsequently appealed. On multiple RFA forms dated August 28, 2015, Percocet, Flector patches, Soma, and Neurontin were endorsed. On an associated progress note dated August 27, 2015, the applicant reported ongoing complaints of neck, right arm, and right shoulder pain. The applicant was no longer working, the treating provider acknowledged. The applicant's medications included Fioricet, Flector, Percocet, Neurontin, and Soma. The note was very difficult to follow as it mingled historical issues with current issues to a considerable degree. The applicant reported issues with vertigo and difficulty lifting weights, exercising, and sleeping secondary to chronic pain complaints. A permanent 5-pound lifting limitation was imposed, apparently resulting in the applicant's removal from the workplace. Multiple medications, including Percocet, Fioricet, Imitrex, Soma, Neurontin, and Flector patches were renewed and/or continued, without any seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, QTY: 120.00 with 1 refill: 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 Percocet, a short-acting opioid, is 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, the treating provider reported on August 27, 2015. The attending provider also noted that the applicant was having difficulty performing activities of daily living as basic as sleeping owing to ongoing pain complaints. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.

Soma 350mg, QTY: 50.00 with 2 refills: 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 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 Percocet, an opioid agent. Continued usage of Soma, thus, ran counter to both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which recommends a 2- to 3-week limit on carisoprodol usage. Therefore, the request is not medically necessary.