

Case Number:	CM15-0191660		
Date Assigned:	10/05/2015	Date of Injury:	01/20/1987
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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 71 year old female, who sustained an industrial injury on January 20, 1987, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease, and sciatica nerve lesion. She was noted to have had 17 back surgeries throughout the years. She had an intrathecal opiate pain pump implanted in February, 2013. Other treatment included pain medications, antidepressants, sleep aides, physical therapy, and psychotherapy and activity restrictions. Currently, the injured worker complained of chronic severe lower back pain, left hip and left lower extremity pain. She was depressed and anxious with the ongoing pain, disability and discomfort. She noted that medications reduce her pain level by 30% and cannot survive without the pain medications. She reported having tenderness on the left hip with decreased range of motion and restricted range of motion. She had decreased sensation in the left knee interfering with walking standing and sitting. Her continued chronic pain interfered with her activities of daily living. The treatment plan that was requested for authorization on September 29, 2015, included prescriptions for Carisoprodol 250mg #120 and Fentanyl patch 50mcg-hr, #15. On September 21, 2015, a request for Carisoprodol and Fentanyl patch was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 250 mg #120: 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: 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. The claimant was on Carisoprodol for over 2 years in combination with multiple opioids. In this case, it was combined with Fentanyl which increases side effect risks and abuse potential. The continued use of SOMA is not medically necessary.

Fentanyl patch 50 mcg/hr #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): Duragesic (fentanyl transdermal system).

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Oxycodone for several years. The claimant is currently on a pain pump. The request for another long-acting opioid is not justified and not medically necessary.