

Case Number:	CM15-0197447		
Date Assigned:	10/12/2015	Date of Injury:	02/17/2005
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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, upper back, and shoulder pain reportedly associated with an industrial injury of February 17, 2005. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve requests for Soma, Norco, and MS Contin. The claims administrator referenced a September 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant reported ongoing complaints of upper back, neck, and shoulder pain, 4/10. The applicant's medications included Norco, Soma, and morphine, it was reported on this date, several of which were renewed and/or continued. The applicant's work status was not explicitly stated. On September 18, 2015, the applicant reported moderate-intensity neck, shoulder, and arm pain, constant. The attending provider contended that the combination of morphine, Norco, and Soma were beneficial. Several of the same were renewed. The attending provider stated that the applicant's medications were effecting a 4-point reduction in pain scores. The applicant's work status was not furnished, although it did not appear that the applicant was working. The attending provider acknowledged the activities of daily living to include bending and lifting remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120 (per 30 for 12 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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, the applicant's work status was not reported on multiple office visits, referenced above, including the September 18, 2015 office visit in question, suggesting that the applicant was not, in fact, working. While the attending provider did recount a reported reduction in pain scores by 4 points on September 18, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Soma 350mg, #120 (per 30 for 12 months): Upheld

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

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

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 or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was in fact using two separate opioid agents, Norco and morphine. The renewal request for Soma, thus, represented treatment, which ran counter to both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which establishes a 2- to 3-week limit for carisoprodol usage. Here, however, the applicant had been using Soma for a minimum of several months prior to the date of the request. Therefore, the request was not medically necessary.

MS Contin ER 30mg, #60 (per 30 for 12 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Opioids, criteria for use.

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

Decision rationale: Finally, the request for MS Contin a long-acting opioid, was likewise 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's work status was not clearly reported on September 18, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. While the treating provider did reportedly recount a 4-point reduction in pain scores on September 18, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to clearly recount the applicant's work status, the attending provider's report from September 18, 2015 to the fact that the applicant was having difficulty performing activities of daily living as bending and lifting, despite ongoing medication consumption, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage, including ongoing MS Contin usage. Therefore, the request was not medically necessary.