

Case Number:	CM15-0199291		
Date Assigned:	10/14/2015	Date of Injury:	02/02/2000
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 2, 2000. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Norco and Soma. An August 31, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 31, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain. The applicant had received earlier facet injections, it was reported. An average pain score of 5/10 was noted. The applicant was described as "completely disabled" the treating provider reported. The attending provider contended in another section that the applicant's medications were helping while acknowledging that activities such as basic as bending, sitting, standing, and walking remained problematic. In yet another section of the note, the attending provider stated the applicant's average pain complaints were 10/10 over the preceding seven days. The attending provider stated that the applicant had had over 15 epidural steroid injections over the course of the claim. The applicant was obese, with a BMI of 37, it was reported. Norco and Soma were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120, 1 p.o. q 4-6 hours PRN, max 4 per day (2 week supply): 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 includes 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, and "completely disabled," the treating provider reported on August 31, 2015. One section of the said August 31, 2015 office visit stated the applicant's pain complaints were severe, 10/10. The applicant reported difficulty performing activities as basic as bending, sitting, standing, walking it was acknowledged on that date. All of the forgoing, taken together, suggested that applicant had failed to profit from ongoing Norco usage in terms parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Soma 350mg #30 (2 week supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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 or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using Norco, i.e., an opioid agents. The addition of Soma to the mix was not recommended. It is further noted that the 30-tablet renewal request for Soma represented treatment in excess of the 2- to 3-week limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.