

Case Number:	CM15-0206382		
Date Assigned:	10/23/2015	Date of Injury:	09/16/2008
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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 shoulder and low back pain reportedly associated with an industrial injury of September 16, 2008. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve requests for Soma, Norco, and Duragesic while approving extended release Kadian. The claims administrator referenced an August 27, 2015 office visit and September 11, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 9, 2015, the applicant reported multifocal complaints of neck pain, headaches, shoulder pain, and low back pain. The applicant was using Norco four times daily, Soma three times daily, and Duragesic 25 mcg every 72 hours, and Kadian 30 mg extended release twice daily. All of the same were refilled. The applicant's permanent work restrictions were renewed. The applicant had derivative complaints of depression, the treating provider reported. The attending provider stated that the applicant was in significant discomfort on this occasion. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. On September 9, 2015, it was acknowledged that the applicant was not working. The applicant had retired from her former position on medical grounds, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #100, 2 refills: 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): Muscle relaxants (for pain), Carisoprodol (Soma).

Decision rationale: No, the request for Soma (carisoprodol) was 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, however, the applicant was, in fact, using a variety of opioid agents to include Norco, Duragesic, Kadian, etc. Continued usage of Soma was not, thus, in conjunction with the same and was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which suggests 2- to 3-week limit for carisoprodol usage. Therefore, the request is not medically necessary.

Norco 5/325mg, #120: Upheld

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

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

Decision rationale: Similarly, the request for Norco, a short-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 was no longer working, it was reported on September 9, 2015. An office visit of August 28, 2015, suggested that the applicant had heightened pain complaints present on that date. The attending provider failed to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage on the August 28, 2015 office visit at issue. The applicant's concurrent usage of Norco 10 mg three to four times daily, Kadian 30 mg twice daily, and Duragesic 25 mcg, moreover, represented a total daily morphine equivalent dose of 160 morphine equivalents, i.e., in excess of the 120 mg oral morphine equivalents cap for daily opioid usage suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Fentanyl Patches #2 25mg, quantity 10: 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, Opioids, dosing.

Decision rationale: Finally, the request for fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, thus, the attending provider's decision to concurrently prescribe two separate long-acting opioids, fentanyl and Kadian, thus, was at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines and, as with the preceding request, represented part of a total daily morphine equivalent dose of 160 mg worth of morphine equivalents, i.e., in excess of the 120mg oral morphine equivalents cap suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.