

Case Number:	CM15-0208863		
Date Assigned:	10/27/2015	Date of Injury:	05/30/2012
Decision Date:	12/11/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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 pain reportedly associated with an industrial injury on May 30, 2012. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve requests for Percocet and Soma. An October 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an October 14, 2015 RFA form, Neurontin, Percocet, and Soma were sought. On an associated progress note dated October 30, 2015, the applicant reported 10/10 neck pain, reportedly constant, stated in one section of the note. In another section of the note, the applicant reported 8/10 pain with medications, versus 10/10 pain without medications. The applicant was only deriving fleeting analgesia for approximately 30 minutes after each medication administration, the treating provider acknowledged. The applicant's medication list included baclofen, Neurontin, Percocet, Soma, and Cymbalta, it was reported, several of which were renewed and/or continued. The attending provider seemingly suggested that he was in accord with the position that the applicant should wean off of various medications. A rather proscriptive 10-pound lifting limitation was renewed. In one section of the note, the treating provider contended that the applicant was working with the help of medications, but that the applicant was unable to perform certain household chores, despite ongoing medication consumption. On October 30, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical spine surgery. The applicant was using Percocet one to three times daily and Valium one to three times daily, it was reported. Percocet, Valium, and work restrictions were renewed. The applicant was described as making slow

progress, it was reported on this date. On an office visit dated June 3, 2015, permanent work restrictions imposed by an Agreed Medical Evaluation (AME) were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #60: 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, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of 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. While portions of the attending provider's October 30, 2015 office visit stated that the applicant had returned to work with restrictions in place, this was neither elaborated nor expounded upon. It was not clear whether this represented a historical carryover or whether the applicant was, in fact, working as this issue was not discussed at any length. While the attending provider recounted a reported reduction in pain scores from 10/10 without medications to 8/10 with medications, these reports were, however, outweighed by the commentary made to the effect that the applicant was only deriving 30 minutes of analgesia from ongoing medication consumption and commentary made by the attending provider to the effect that the applicant was having difficulty performing activities of daily living as basic as carrying, performing household chores, and/or sleeping despite ongoing Percocet usage. Therefore, the request was not medically necessary.

Soma 350mg #30: 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, concurrently using Norco, i.e., an opioid agent. Continued usage of carisoprodol in conjunction with the same was, thus, at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which espouses a 2- to- 3-week limit for carisoprodol usage. Therefore, the request was not medically necessary.