

Case Number:	CM15-0021147		
Date Assigned:	02/10/2015	Date of Injury:	06/09/2008
Decision Date:	04/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/03/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 06/09/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical spine and right upper extremity and suffered from psychiatric overlay. The injured worker's diagnoses included status post ulnar collateral ligament repair with internal derangement of the right wrist and triangular fibrocartilage flex tear and status post removal of hardware, symptoms of anxiety and depression and symptoms of insomnia. The injured worker's medications included Xanax 0.5 mg for anxiety, Percocet, MS Contin, and Soma, in combination with a topical lotion. The injured worker was evaluated on 11/10/2014. It was noted that the injured worker had 7/10 pain exacerbated by prolonged activities. Physical findings included restricted range of motion of the cervical spine with 2+ spasms over the upper trapezius bilaterally. The injured worker's treatment plan included a refill of medications. No request for authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol) 350 mg every 6 hours, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Soma (Carisoprodol) 350 mg every 6 hours, #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the long term use of this medication due to a high risk of physical and psychological dependence. A medication history was not provided. However, the clinical note dated 11/10/2014 does indicate that this is a renewal of Soma. This would indicate that the injured worker has been on this medication for an extended duration of time. As the California Medical Treatment Utilization Schedule does not recommend the use of this medication for longer than 2 to 3 weeks for acute exacerbations of chronic pain, continued use would not be supported. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Soma (Carisoprodol) 350 mg every 6 hours, #90 is not medically necessary or appropriate.

MS Contin (ER) 30mg, 1 every 12 hours, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested MS Contin (ER) 30mg, 1 every 12 hours, #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented of functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 7/10 pain. However, a reduction in pain due to medications was not documented. Additionally, functional benefit was not provided as a result of medication usage. Therefore, continued use of this medication would not be supported. As such, the requested MS Contin (ER) 30mg, 1 every 12 hours, #60 is not medically necessary or appropriate.

Percocet (Oxycodone) 10/325mg, 1 every 6 hours, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Percocet (Oxycodone) 10/325mg, 1 every 6 hours, #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented of functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 7/10 pain. However, a reduction in pain due to medications was not documented. Additionally, functional benefit was not provided as a result of medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Percocet (Oxycodone) 10/325mg, 1 every 6 hours, #120 is not medically necessary or appropriate.