

Case Number:	CM15-0219466		
Date Assigned:	11/12/2015	Date of Injury:	10/10/2011
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 10, 2011. In a Utilization Review report dated October 19, 2015, the claims administrator failed to approve requests for Soma and Oxycodone. The claims administrator referenced a September 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 29, 2015 office visit, somewhat blurred as a result of repetitive photocopying and faxing, the applicant reported ongoing issues with chronic low back pain status post earlier failed lumbar laminectomy surgery. The applicant's medications included Norco, Soma, Oxycodone, and Zestril, the treating provider reported in various sections of the note. Oxycodone and Soma were renewed while the applicant was apparently returned to work. The treating provider stated in one section of the note that Oxycodone was more effective than Norco but did not clearly state why the applicant was using both medications concurrently. 8/10 pain without medications versus 6/10 with medications was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg tablet take 1 twice daily as needed #60, 2 refills: 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): Muscle relaxants (for pain), Carisoprodol (Soma).

Decision rationale: The applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 10, 2011. In a Utilization Review report dated October 19, 2015, the claims administrator failed to approve requests for Soma and Oxycodone. The claims administrator referenced a September 29, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 29, 2015 office visit, somewhat blurred as a result of repetitive photocopying and faxing, the applicant reported ongoing issues with chronic low back pain status post earlier failed lumbar laminectomy surgery. The applicant's medications included Norco, Soma, Oxycodone, and Zestril, the treating provider reported in various sections of the note. Oxycodone and Soma were renewed while the applicant was apparently returned to work. The treating provider stated in one section of the note that Oxycodone was more effective than Norco but did not clearly state why the applicant was using both medications concurrently. 8/10 pain without medications versus 6/10 with medications was reported. The request is not medically necessary.

Oxycodone HCL 15 mg tablet take 1 twice daily as needed #60: Upheld

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

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

Decision rationale: Similarly, the request for Oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the September 29, 2015 office visit at issue did not set forth a clear or compelling rationale for concurrent usage of 2 separate short-acting opioids, Oxycodone and Norco. Therefore, the request was not medically necessary.