

Case Number:	CM15-0031254		
Date Assigned:	02/24/2015	Date of Injury:	05/26/2007
Decision Date:	04/08/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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 58-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 26, 2007. In a Utilization Review Report dated January 19, 2015, the claims administrator failed to approve requests for Norco, Soma, and Flexeril. The claims administrator referenced an RFA form received on January 12, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated January 10, 2014, the applicant reported ongoing complaints of low back pain, 8/10. The attending provider stated that Norco and Flexeril were giving the applicant fair pain relief. Multiple medications were renewed, including Soma, Flexeril, and Norco. The applicant's work status was not furnished. On October 16, 2014, the applicant reported 10/10 generalized pain complaints. The applicant had apparently visited the emergency department owing to reported flare of pain some two days prior. Once again, the applicant's work status was not furnished. On September 2, 2014, the applicant was placed off of work, on total temporary disability. Norco, Xanax, and Desyrel were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 5-325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (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 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/is off of work, on total temporary disability, despite ongoing Norco usage. The applicant continued to report pain complaints as high as 8-10/10, despite ongoing Norco usage. The applicant's frequent visits to the emergency department suggested that ongoing usage of Norco was, in fact, inadequate in terms of generating appropriate analgesia, as did the applicant's failure to return to work. Therefore, the request was not medically necessary.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 29 of 127.

Decision rationale: Similarly, the request for carisoprodol (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/is using Norco, an opioid agent. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request was not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Finally, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of other agents, including Norco, Xanax, Neurontin, Desyrel, etc., in addition to another muscle relaxant, Soma (carisoprodol).

Addition of cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request was not medically necessary.