

Case Number:	CM15-0036612		
Date Assigned:	03/05/2015	Date of Injury:	12/27/2009
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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 34-year-old [REDACTED] beneficiary who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 27, 2009. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for Soma and BuTrans. A January 20, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported ongoing complaints of neck, shoulder, and arm pain with associated weakness and paresthasias. Daily headaches were reported. The applicant was status post failed cervical spine surgery. The applicant was having difficulty performing activities of daily living as basic as cooking, cleaning, and showering. Multiple medications were renewed, including Naprosyn, Soma, and BuTrans. The note was very difficult follow and mingled historical issues with current issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10 mcg, forty count: Upheld

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

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

Decision rationale: No, the request for BuTrans patches 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, it was acknowledged of January 29, 2015. The applicant was described as disabled on that date. The applicant continued to report pain complaints as high as 6 to 7/10, despite ongoing BuTrans usage, and continued to report difficulty performing activities of daily living as basic as cooking, cleaning, showering, gripping, and grasping. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with BuTrans. Therefore, the request was not medically necessary.

Soma 350 mg, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 65; 29.

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines notes that carisoprodol or Soma is not recommended for longer than two to three weeks of usage. Here, the request for carisoprodol represents treatment in excess of this amount. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against usage of carisoprodol (Soma) with opioid agents. Here, the applicant was concurrently using BuTrans, an opioid agent. Adding carisoprodol or Soma to the mix, thus, was not indicated here. Therefore, the request was not medically necessary.