

Case Number:	CM15-0052819		
Date Assigned:	03/26/2015	Date of Injury:	03/13/1992
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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 62-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of March 13, 1992. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for oxycodone and Soma. An RFA form received on February 19, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 2, 2015, oxycodone and Soma were renewed. In an associated progress note of the same date, February 2, 2015, the applicant reported ongoing complaints of ankle pain with associated difficulty standing and walking. The attending provider then stated the applicant's pain medications were attenuating his complaints but 30 to 40%. Oxycodone and Soma were endorsed. It was acknowledged that the applicant was not working. On July 23, 2014, the applicant was previously given prescriptions for both oxycodone and Soma. Ongoing complaints of knee and ankle were evident at that point in time. The applicant reported difficulty performing various activities of daily living, including negotiating stairs, climbing, squatting, and bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg, 180 count with unknown refills: 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 oxycodone, 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 off of work, it was acknowledged on progress note of July 25, 2014 and February 2, 2015. While the attending provider did report some reduction in pain scores from medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing oxycodone usage. The applicant's continued commentary to the effect that standing, walking, negotiating stairs, etc., all remained problematic, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of oxycodone. Therefore, the request was not medically necessary.

Soma 350 mg, sixty count with unspecified refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Similarly, the request for Soma (carisoprodol) 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 opioids agents. Here, however, the applicant had seemingly been using Soma for a minimum of 8 to 9 months as of February 2015. The applicant was, moreover, concurrently using opioids. Ongoing usage of Soma, thus, was no indicated in the clinical context present here. Therefore, the request was not medically necessary.