

Case Number:	CM15-0081532		
Date Assigned:	05/04/2015	Date of Injury:	01/12/2011
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 54-year-old male, who sustained an industrial injury on 1/12/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral degenerative disc disease, shoulder pain, sciatica and cervicgia. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/2/2015, the injured worker complains of neck pain radiating to the right shoulder. The treating physician is requesting Nucynta and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80 - 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Nucynta is not medically necessary. For chronic back pain, opioids appear "to be efficacious, but limited for short-term pain relief and long-term efficacy is unclear beyond 16 weeks, but also appears limited." The patient has been on long-term opiate use without documented improvement in function and pain. Guidelines support the continued use when there is substantial objective improvement in functioning or the patient has returned to work which the patient is unable to do. There is high risk of addiction with continued use. The four A's of opioid management were not met. The patient does not have documented urine drug screen results in the chart. There was no drug contract and long-term goals documented. Therefore, the request is considered not medically necessary.

Soma 250 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 80.

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

Decision rationale: The request for Soma is not medically necessary. This centrally acting muscle relaxant is not indicated for long-term use. It has a high addiction potential with dangerous interactions when used with opiates, tramadol, alcohol, benzodiazepines, and illicit drugs. The patient is currently on opioids as well, which when combined with carisoprodol has been described to have effects similar to heroin. Weaning is required due to potential withdrawal syndrome. The patient had a UDS but the results were not included in the chart. The risks of carisoprodol appear to outweigh the benefits. Therefore, it is considered medically unnecessary.