

Case Number:	CM15-0086319		
Date Assigned:	05/08/2015	Date of Injury:	07/05/1999
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 5, 1999. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for Norco and Soma. The claims administrator referenced a RFA form of April 21, 2015 and an associated progress note of April 3, 2015 in its determination. The applicant's attorney subsequently appealed. On December 7, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain with radiation of pain to left leg. In another handwritten note of January 2, 2015, difficult to follow, not entirely legible, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing low back pain complaints. Norco, Soma, Motrin, and Lidoderm were renewed, seemingly without any discussion of medication efficacy. On February 2, 2015, the applicant was, once again, placed off of work, on total temporary disability, while Norco and an epidural steroid injection were endorsed. Once again, no discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

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

Decision rationale: No, the request for 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 off of work, on total temporary disability, as suggested on multiple progress notes referenced above, of early 2015. The attending provider's handwritten progress notes did not include much in the way of narrative commentary and failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Soma 350mg #60: Upheld

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

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 opioid agents. Here, the applicant was, in fact, using Soma on a long-term basis. The applicant was concurrently using Norco, an opioid agent. Continued usage of carisoprodol, thus, was incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.