

Case Number:	CM14-0132353		
Date Assigned:	08/22/2014	Date of Injury:	12/02/2004
Decision Date:	09/24/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 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 62-year-old male who reported an injury on 12/02/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 07/29/2014 is handwritten and hard to decipher. The clinical note indicated diagnoses of bilateral ischial pressure sores and reported no change in symptoms. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Baclofen, vitamin D3, Lidocaine, Oxycodone, Trazodone, Gabapentin, Iron, Duloxetine, Lansoprazole, Soma, OxyContin, and fiber laxative. The provider submitted a request for Soma. The Request for Authorization dated 07/30/2014 was submitted. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab po TID #120: 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): 29.

Decision rationale: The request for Soma 350 mg 1 tab po TID #120 is not medically necessary. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. There is a lack of documentation of efficacy and functional improvement with the use of Soma. In addition, there is a lack of documentation of a quantified pain assessment done by the injured worker. Therefore, the request of Soma is not medically necessary.

Oxycontin 10mg 1 tab po every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for OxyContin 10 mg 1 tab po every 12 hours #60 is not medically necessary. The California MTUS guidelines state that Norco/ Oxycontin is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.