

Case Number:	CM15-0106691		
Date Assigned:	06/11/2015	Date of Injury:	10/24/2013
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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 [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of October 25, 2013. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve requests for Soma and Norco. The claims administrator referenced an April 3, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated April 30, 2015, the applicant reported ongoing complaints of ankle pain. The applicant apparently stated that his medications had been stolen. Medications and work restrictions were renewed, without any discussion of medication efficacy. It was not clearly stated whether the applicant was or was not working with said limitations in place. In a handwritten note dated April 3, 2015, the applicant again reported ongoing complaints of low back and ankle pain. Walking was problematic, it was reported. 5-8/10 pain complaints were reported. The attending provider stated that the applicant's medications were beneficial in reducing the applicant's pain complaints by 50% but, once again, did not elaborate further. Once again, the applicant's work status was not outlined. On March 6, 2015, it was suggested that the applicant was using six to eight tablets of Norco daily. The applicant was severely obese, with a BMI of 42, it was noted. Twelve sessions of physical therapy were sought. Once again, the applicant's work status was not clearly outlined.

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, the applicant's work status was not outlined on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. While the attending provider reported that the applicant's pain complaints were diminished by somewhere between 40% and 50% with medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline meaningful, material, and substantive improvement in functions (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, concurrently using Norco, an opioid agent. Using carisoprodol was not, thus, indicated in conjunction with the same. Therefore, the request was not medically necessary.