

Case Number:	CM15-0015564		
Date Assigned:	02/03/2015	Date of Injury:	07/16/2007
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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, Ohio, 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 30-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 16, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar discectomy surgery in 2012; opioid therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 19, 2014, the claims administrator failed to approve a request for Norco and carisoprodol. The claims administrator referenced an RFA form and an associated progress note of November 4, 2014 in its determination. The applicant's attorney subsequently appealed. On November 6, 2014, the applicant reported ongoing complaints of low back pain. The applicant was given injections of Toradol, dexamethasone, and Depo-Medrol. An extremely proscriptive 5-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Significant complaints of low back pain radiating to the lower extremities were noted, exacerbated by weightbearing and other activities of daily living. The attending provider appealed previously denied medications. In a progress note dated September 21, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was having difficulty performing activities of daily living as basic as ambulating. Norco, Neurontin, Nucynta, Restoril, Soma, Xanax, and a repeat lumbar MRI were endorsed, along with a rather proscriptive 5-pound lifting limitation in place. The applicant did not appear to be working with previously imposed permanent limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 1. 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 was/is seemingly off of work following imposition of an extremely proscriptive 5-pound lifting limitation. The applicant continued to report difficulty performing activities of daily living as basic as ambulating. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Soma 350mg #30: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.2.

Decision rationale: 2. 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, the addition of carisoprodol (Soma) to opioid agents is not recommended. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further argues against long-term usage of carisoprodol (Soma). Here, it did appear that the applicant was using carisoprodol (Soma) for a minimum of several months. Therefore, the request was not medically necessary.