

Case Number:	CM15-0118007		
Date Assigned:	06/26/2015	Date of Injury:	02/10/1994
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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] beneficiary who filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 10, 1994. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve requests for Roxicodone, Percocet, and Soma. The claims administrator referenced progress notes dated April 6, 2015 and March 2, 2015 in its determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of low back pain radiating to left leg, 8/10. The applicant was described as "currently disabled." The applicant stated that his medications were providing about 40% pain relief. The applicant was on Motrin, Lidoderm, Zestril, Lortab, methadone, morphine, Norco, naproxen, Norvasc, Opana, Percocet, Oxycodone, Soma, and Zanaflex, it was reported. The applicant was obese, standing 68 inches tall and weighing 238 pounds. The applicant was deemed "disabled," it was stated in multiple sections of the note. Percocet, Soma, morphine, and Lidoderm were all endorsed. The applicant was described as having undergone an earlier failed lumbar spine surgery. On April 6, 2015, the patient reported continuous 8/10 low back pain radiating to left leg, aggravated by various activities of daily living, including standing and walking. The attending provider nevertheless stated that the applicant's medications were generating 40% pain relief. The applicant's medications included Motrin, Lidoderm patches, Zestril, morphine, naproxen, Norco, Opana, Percocet, Roxicodone, and Soma, it was reported. The applicant was deemed disabled at the bottom of the report, while Lidoderm, Soma, morphine, and Percocet were renewed. The applicant was using a cane to move about, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15 mg, 120 count, provided on April 6, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: No, the request for Roxicodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for concomitant usage of so many different short-acting opioids, including Percocet, Roxicodone (Oxycodone), Norco, Lortab, etc., all of which the applicant was described as using on progress notes of April 6, 2015 and March 2, 2015. Therefore, the request was not medically necessary.

Soma 350 mg, 120 count, provided on April 6, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids Section.

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 a variety of opioids, including Percocet, Roxicodone, morphine, methadone, Lortab, Norco, etc. Adding Carisoprodol or Soma to the mix was not recommended. The 120-tablet supply of Soma (Carisoprodol) at issue, furthermore, did, in fact, represent long-term usage of the same, i.e., usage which ran counter to the philosophy espoused on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Percocet 10/325 mg, thirty count, provided on April 6, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

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

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise 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 and had been deemed disabled, it was reported on progress notes of April and March 2015, referenced above. The applicant did report pain complaints as high as 8/10, despite ongoing Percocet usage. The applicant continued to have reports of difficulty performing activities of daily living as basic as standing and walking and was apparently using a cane to move about, the treating provider acknowledged. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request was not medically necessary.