

Case Number:	CM15-0124159		
Date Assigned:	07/08/2015	Date of Injury:	06/01/2001
Decision Date:	09/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/27/2015

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, 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 48-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 1, 2001. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for Duragesic, extended release morphine, Restoril, Soma, Amrix and what was characterized as qualitative drug testing. An RFA form received on May 22, 2015 and an associated progress note of May 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant reported multifocal complaints of neck, upper extremity, and low back pain, 4/10 with medications. The applicant's medication list included extended release morphine, Norco, Duragesic, Soma, and Restoril, it was reported. Several of the same were refilled. The applicant's work status was not clearly detailed. The attending provider stated that the applicant's medications were beneficial in terms of improving the applicant's quality of life but did not elaborate as to what functions or functionalities had been ameliorated as a result of ongoing medication consumption. Drug testing dated May 7, 2015 was in fact positive for a marijuana metabolite. On an RFA form dated May 27, 2015, Amrix, Duragesic, extended release morphine; Norco, Restoril, and Soma were all prescribed. On May 7, 2015, the attending provider again mentioned that the applicant's quality of life was improved as a result of ongoing medication consumption but, once again, did not elaborate further. The applicant was still smoking, it was reported. The applicant reported 5/10 pain with medications. The applicant was on Norco, Duragesic, Soma, Restoril, extended release morphine, and Amrix, it was reported.

Several of the same medications were refilled. The applicant had been deemed "permanently disabled," the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mcg/hr #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: No, the request for Duragesic, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested in individuals who are engaged in illicit substance abuse. Here, the applicant was in fact concurrently using marijuana, an illicit substance; it was acknowledged on drug testing dated May 7, 2015. Discontinuing opioid therapy with Duragesic was, thus, seemingly more productive than continuing the same. Therefore, the request is not medically necessary.

MSER 30mg #60: Upheld

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

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

Decision rationale: Similarly, the request for extended release morphine, a second long-acting opioid, was likewise 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 prescribed to improve pain and function. Here, however, the attending provider failed to articulate a clear or compelling case for concurrent usage of two separate long-acting opioids, Duragesic and extended release morphine. Therefore, the request is not medically necessary.

Restoril 30mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Restoril, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider suggested (but did not clearly state) on May 7, 2015 that Restoril was in fact being employed for sedative and/or anxiolytic effect. The applicant's review of systems was positive for insomnia, it was acknowledged on that date. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be employed for "brief periods" in cases of overwhelming symptoms, here, however, the 30-tablet 1-refill supply of Restoril in question seemingly represents chronic, long-term, and/or nightly usage of the same, for sedative effect. Such usage, however, is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request's not medically necessary.

Soma 350mg #60 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

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 long-term use purposes and/or in the chronic pain context present here, particularly when employed in conjunction with opioid agents. Here, the applicant was using at least three different opioid agents, Duragesic, extended release morphine, and Norco. Concomitant provision with carisoprodol (Soma) was not indicated. It is further noted that the 60-tablet, 3-refill supply of Soma at issue represents treatment well in excess of 2- to 3-week limit established for carisoprodol usage on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Amrix 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Amrix (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Amrix) to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, extended release morphine, Duragesic, Soma, etc. Adding cyclobenzaprine (Amrix) to the mix was not recommended. It is further noted that the 30-tablet supply of Amrix (cyclobenzaprine) at issue implies treatment in excess of the 'short course of therapy' for which

cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Qualitative single drug class in a quantity of 6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Finally, the request for qualitative drug testing was medically necessary, medically appropriate, and indicated here. As noted on page 43 of the MTUS Chronic Pain Medical Treatment Guidelines, drug testing is recommended as an option to assess for the use or presence of illegal drugs. Here, the drug testing in question did come back positive for marijuana, it was acknowledged on May 7, 2015. It did appear that the applicant was concurrently using marijuana, an illicit substance, in conjunction with multiple different opioid and benzodiazepine agents. The positive drug test results effectively validated the decision to perform drug testing on that date. Therefore, the request is medically necessary.