MAXIMUS Federal Services

Case Number:	CM15-0124907		
Date Assigned:	07/09/2015	Date of Injury:	02/07/2006
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 7, 2006. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for Norco and Soma. The claims administrator referenced a May 21, order form/RFA form in its determination. The applicant's attorney subsequently appealed. On December 2, 2014, the applicant reported ongoing complaints of low back, bilateral lower extremities, knee, and leg pain. Motrin, Soma, Ultram and 12 sessions of physical therapy were endorsed. On April 9, 2015, the applicant reported ongoing complaints of low back pain, thigh pain, and leg pain. Norco, Protonix, Motrin, Soma, and Ultram were prescribed and/or dispensed in the clinic. 12 additional physical therapy to include massage and ultrasound were sought. No discussion of medication efficacy seemingly transpired. The attending provider suggested, towards the bottom of the report that the applicant was working. A March 15, 2015 physical therapy progress note did likewise suggest that the applicant was working despite ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. Here, however, the attending provider did not set forth a clear or compelling rationale for concurrent usage of two separate short acting opioids, Norco and Tramadol, via his April 9, 2015 progress note. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines likewise stipulates that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, while the applicant had returned to work, the attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) effected because of ongoing Norco usage via his April 9, 2015 progress note. Said April 9, 2015 progress note did not incorporate any discussion of medication efficacy. Thus, the attending provider's failure to discuss medication efficacy and failure to set forth a clear or compelling rationale for concurrent usage of two separate short acting opioids, Norco and Tramadol, outweighed the applicant's successful return to work. Therefore, the request was not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

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 chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using two separate opioid agents, Norco and Tramadol. The applicant had, furthermore, been using Soma (carisoprodol) for a minimum of several months, i.e., in excess of the "two to three week" suggested limit set for carisoprodol usage on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.