

Case Number:	CM15-0168704		
Date Assigned:	09/09/2015	Date of Injury:	03/12/2013
Decision Date:	11/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/27/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 12, 2013. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for Norco and Soma. The claims administrator referenced a July 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 13, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was status post earlier lumbar spine surgery on February 26, 2015. 3/10 pain complaints were noted. The applicant was on Norco and Soma for pain relief, the treating provider stated. Additional physical therapy was sought. The attending provider contended that the claimant was 60% better. The applicant was asked to follow up in a month. The applicant's work status was not clearly detailed. No seeming discussion of medication efficacy transpired. On May 26, 2015, the applicant was placed off of work, no total temporary disability. Ongoing complaints of low back pain radiating to the legs was reported, 3/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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, however, the applicant was off of work, on total temporary disability, it was reported on May 26, 2015. The attending provider's July 13, 2015 office visit failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) 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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Similarly, the request for Soma 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, long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Continued usage of Soma on long-term basis, thus, was at odds with page 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which establishes a 2 to 3-week limit for carisoprodol (Soma) usage. Therefore, the request was not medically necessary.