

Case Number:	CM15-0022147		
Date Assigned:	03/23/2015	Date of Injury:	06/03/1994
Decision Date:	05/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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 62-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of June 3, 1994. In a Utilization Review report dated January 7, 2015, the claims administrator failed to approve requests for Soma and Norco. The claims administrator referenced a RFA form and associated progress note of December 18, 2014 in its determination. The applicant's attorney subsequently appealed. On October 30, 2014, the applicant reported ongoing complaints of low back pain. The applicant had been using Soma and Norco for the past five years, it was acknowledged. 9/10 pain without medications versus 6/10 with medications was reported. The attending provider stated that the applicant's standing and walking tolerance had been somewhat improved as a result of medication consumption. The attending provider stated that the applicant would be bedbound without her medications. The applicant was using Norco and Soma twice daily, it was acknowledged. The applicant's BMI was 30. Both Norco and Soma were refilled, as were the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On December 18, 2014, the attending provider again went on to renew Soma, Norco, and the applicant's permanent work restrictions. The attending provider again stated that the applicant would likely be homebound or bedbound without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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: No, the request for Soma (carisoprodol) was 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 Norco, an opioid agent. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that carisoprodol is not recommended for longer than two to three weeks. Here, the applicant had been using carisoprodol for what appeared to have been a minimum of five years, the treating provider reported. Continued usage of the same, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 5/325 mg #60: 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): 80.

Decision rationale: Similarly, the request for Norco, 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 did not appear to be working following imposition of permanent work restrictions. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing Norco usage, these were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant would be homebound or bedbound without her medications did not, in and of itself, constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

