MAXIMUS Federal Services

Case Number:	CM15-0027371		
Date Assigned:	02/19/2015	Date of Injury:	10/01/1999
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 50 year old female who sustained an industrial related injury on 10/1/99. Physical examination findings included antalgic gait with a forward flexed body posture. Diagnoses included lesion of ulnar nerve, displacement of cervical intervertebral disc without myelopathy, psychophysiological disorder, polyneuropathy associated with another disorder, opioid dependence, brachial radiculitis, and degeneration of cervical intervertebral disc. Treatment included a home exercise program and a functional restoration program. Medications included Suboxone, Soma, Carisoprodol, and Ibuprofen. The treating physician requested authorization for Carisoprodol 350mg #120 with 5 refills and Suboxone 4/1mg #135. On 1/14/15 the requests were modified or non-certified. Regarding Carisoprodol, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the injured worker was using this medication chronically with unclear documentation of the specific efficacy and functional benefit. Therefore the request was non-certified. Regarding Suboxone, the UR physician cited the MTUS guidelines and noted the request was modified to a one month supply to allow opportunity for submission of updated clinical information including medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Suboxone 4/1mg #135 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Buprenorphine for opioid dependence, Buprenorphine for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: Regarding the request for Suboxone, Chronic Pain Medical Treatment Guidelines state that buprenoprhine is indicated for the treatment of addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Within the documentation available for review, it is clear the patient has been through detoxification, and is currently in a program utilizing Suboxone, FRP, and home exercise program toward recovery. The patient is prescribed Suboxone for the treatment of addiction and chronic pain with significant improvement in function, and emotional state. However, within the submitted documentation, there is no clear indication that the patient is compliant with the use of Suboxone, and no documentation addressing any aberrant behavior. As such, the currently requested Suboxone is not medically necessary.

Carisoprodol 350mg #120 with 5 refills: Upheld

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 Muscle relaxant section Page(s): 63-66.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is identification of specific analgesic benefit or objective functional improvement as a result of the carisoprodol. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as the patient has been receiving ongoing treatment with Soma since 3/2014. As such, the currently requested carisoprodol (Soma) is not medically necessary.