

Case Number:	CM15-0077850		
Date Assigned:	04/29/2015	Date of Injury:	03/19/2003
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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: Family Practice

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 55 year old female, who sustained an industrial injury on 03/19/2003. Treatment to date has included conservative care, medications, MRIs, cervical and lumbar injections, lumbar rhizotomy, and cervical discectomy and decompression. Currently, the injured worker complains of continued neck pain with radiation into the upper extremities, and low back pain. Current medications consisted of oxycodone, gabapentin, MS contin and Soma. The current diagnoses include status post anterior cervical fusion, persistent neck pain, aggravation of previous industrial lumbar injury, and lumbar facet arthropathy. The request for authorization consisted of denied medications: oxycodone IR and Soma, and Neurontin and MS Contin which were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone immediate release (IR) 10mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Per the MTUS guidelines, the long-term use of opioids leads to dependence and tolerance. In this case, the ongoing use of Oxycodone is not supported. The injured worker is also being prescribed MS Contin, which has been approved by Utilization Review. Opioids should be used at the lowest level. However, opioids should be weaned and cannot be abruptly discontinued. Modification cannot be rendered in this review. The request for Oxycodone immediate release (IR) 10mg, #120 is therefore medically necessary and appropriate for weaning purposes.

Soma 250mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: Per the MTUS guidelines, Soma is not recommended. This medication is not indicated for long-term use. In regular abusers, the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. This includes the following: (1) increasing sedation of benzodiazepines or alcohol; (2) use to prevent side effects of cocaine; (3) use with tramadol to produce relaxation and euphoria; (4) as a combination with hydrocodone, an effect that some abusers claim is similar to heroin (referred to as a Las Vegas Cocktail); & (5) as a combination with codeine (referred to as Soma Coma). The guidelines state that there was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. The guidelines state that tapering should be individualized for each patient. In this case, the ongoing use of Soma is not supported. However, this medication should be weaned. Modification cannot be rendered in this review. The request for Soma 250mg, #90 is medically necessary and appropriate for weaning purposes.