

Case Number:	CM15-0095643		
Date Assigned:	05/22/2015	Date of Injury:	05/18/1991
Decision Date:	06/25/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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 72-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 18, 1991. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve requests for Soma and Norco while apparently approving requests for Elavil and amitriptyline. A RFA form received on April 9, 2015 was referenced in the determination, along with a progress note dated April 2, 2015. The full text of the UR report was not, however, seemingly attached to the application but did apparently appear in the body of the IMR packet. On April 8, 2015, Elavil, Soma, Norco, and Neurontin were endorsed. In an associated progress note dated April 2, 2015, the applicant reported highly variable 4-9/10 low back pain radiating into the bilateral lower extremities. The applicant was a "disabled" former licensed vocational nurse (LVN), it was reported. The attending provider stated that the applicant's ability to perform laundry and cook had been ameliorated as a result of ongoing medication consumption. 8/10 pain without medications versus 4/10 with medications was reported in another section of the note. The applicant was using Elavil, Neurontin, Lidoderm, Norco, Soma, Lipitor, Coreg, digoxin, isosorbide, metformin, valsartan, aspirin, and various vitamins, it was noted. The applicant had undergone an earlier failed lumbar discectomy procedure. The applicant had been off of work and receiving disability and indemnity benefits since 1993, it was reported. The applicant was described as "livid," frustrated, and moderately anxious in the clinic setting. Multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain.

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

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. Continuing usage of carisoprodol or Soma was not indicated in conjunction with the same. Therefore, the request was not medically necessary.

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

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 was off of work and had been deemed disabled, it was reported on April 2, 2015. The applicant was apparently receiving Workers' Compensation indemnity benefits and disability insurance benefits on that date, it was reported. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function affected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of daily living such as cooking, laundry, and the like from ongoing medication consumption did not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of the same. Therefore, the request was not medically necessary.