

Case Number:	CM14-0145718		
Date Assigned:	09/10/2014	Date of Injury:	01/09/1995
Decision Date:	10/07/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old female who was injured on 01/09/1995. The mechanism of injury is unknown. Most recent progress note provided is dated 02/01/2012 and it indicates the patient presented with pain in the left wrist and hand rated as 5/10. She reported low back pain radiating to the leg that is moderate and rated it as an 8/10. The patient was taking Soma, Norco, and Duragesic patch. On exam, Spurling test is positive. She had decreased strength in the right posterior thigh. Her right knee is swollen and tender. There is a large lump in the medial aspect. The patient is diagnosed with lumbar spine radiculitis, left wrist complex fracture, left foot/ankle internal derangement, right forearm compound fracture; cervical radiculopathy, bilaterally carpal tunnel syndrome. The patient's medications were refilled which included Duragesic 200 mg, Soma 350 mg, and Norco 10/325 mg. Prior utilization review dated 08/14/2014 states the requests for Soma 350mg 1 tablet every 6 hours #120 is denied, Norco 10/325mg 1 tablet every 4 hours #180, and Duragesic 100mcg apply 2 patches every 72 hours #20 are denied and weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG 1 TABLET EVERY 6 HOURS #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Soma is commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance) and is recommended for a short-term use. The records indicate the use of this treatment for over a year, showing no sustainable improvement in pain or function and long term use of Soma is not recommended. Therefore, this medication is not medically necessary.

NORCO 10/325MG 1 TABLET EVERY 4 HOURS #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, opioids are recommended as the standard care for treatment of moderate to severe pain for a short-term use. Guidelines do not recommend continued opioid use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation showing any sustainable improvement in pain or function and long term use of Norco is not recommended by the guidelines. Therefore, this medication is not medically necessary.

DURAGESIC 100MCG APPLY 2 PATCHES EVERY 72 HOURS #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline, Duragesic patches are not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. Guidelines state that the lowest possible dose should be prescribed to improve pain and function and ongoing management of opioids should include reviews and documentation of pain relief, functional improvement, appropriate medication use, and side effects. With the lack of supporting documentation, there is no indication of progression or functional improvement for the ongoing use of Duragesic patches. Therefore, this request is not medically necessary.