

Case Number:	CM13-0011457		
Date Assigned:	12/04/2013	Date of Injury:	11/08/2008
Decision Date:	01/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 reported an injury on 11/08/2008. The patient is currently diagnosed with discogenic cervical condition with radicular component in the upper extremities, discogenic lumbar condition with bulging at L4-5, left elbow strain, internal derangement of the knee on the left, status post total knee replacement with loss of motion, and significant need for narcotics. The patient was recently seen by [REDACTED] on 10/28/2013. Physical examination revealed diminished lumbar range of motion, tenderness along the lumbosacral area and SI joints, diminished cervical range of motion, and tenderness along the cervical area and facets. There was also weakness to resisted function to the quadriceps and hamstring function on the left. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. There was no change to the patient's physical examination indicating functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, continuation cannot be determined as medically appropriate. As such, the request for 1 prescription of Oxycontin 80mg #90 is non-certified.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Carisoprodol is recommended for no longer than 2 to 3 weeks. As per the clinical notes submitted, the patient does not demonstrate palpable muscle spasm or muscle tension upon physical examination that would warrant the need for a muscle relaxant. The patient has continuously utilized this medication. Despite the ongoing use, satisfactory response to treatment has not been indicated. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request for 1 prescription of Soma 350mg #60 is non-certified.

Oxycodone 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain. There was no change to the patient's physical examination indicating functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore,

continuation cannot be determined as medically appropriate. As such, the request for 1 prescription of Oxycodone 30mg #60 is non-certified.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no evidence of cardiovascular disease or risk factors for gastrointestinal events. As such, the patient does not currently meet criteria for the use of a proton pump inhibitor. Therefore, the current request for 1 prescription of Prilosec 20mg #60 is non certified.

1 left knee x-ray, AP and lateral views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluation most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for a fracture. There is no documentation of a progressive change in the patient's clinical status that would warrant the need for x-ray imaging. The medical necessity has not been established. As such, the request for 1 left knee x-ray, AP and lateral views is non-certified.