

Case Number:	CM13-0027147		
Date Assigned:	11/22/2013	Date of Injury:	05/28/2008
Decision Date:	01/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic leg pain and bilateral knee pain reportedly associated with an industrial injury of May 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; right total knee arthroplasty on August 18, 2008; a left total knee arthroplasty in January 2010; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and apparent return to some form of work. In a utilization review report of September 3, 2013, the claims administrator denied a request for extra strength Vicodin and Soma. The applicant's attorney later appealed. A later note of October 16, 2013 is notable for comments that the applicant states that his medications are working well. His activity level has remained the same. He denies any medication side effects. He in fact reports heightened pain. He is using vitamin four times daily and Soma twice daily. He has a history of urine drug screen positive for marijuana on May 16, 2011. It is stated that the applicant's pain scores have reduced from 6/10 with medications to 4/10 without medications. The applicant is able to do laundry, take the garbage out, do self care, and walk a treadmill owing to Vicodin usage, it is stated. An earlier note of September 18, 2013 states that the applicant has returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750mg #120: Overturned

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 When to Continue Opioids Page(s): 78-80.

Decision rationale: : As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. Thus, it does appear that the applicant meets the aforementioned criteria. He has returned to work, it seems. He reports improved ability to perform non-work activities of daily living, including using a treadmill, doing home chores, ambulating, etc., as a result of ongoing Vicodin usage, it is stated. There is some report of reduction in pain scores as a result of Vicodin usage. For all of these reasons, then, the utilization review decision is overturned. The request is certified, although it bears noting that the applicant's history of marijuana usage is an item for concern and bears looking into, in future.

Soma 350mg #60: Upheld

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: 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 used in conjunction with other medications such as opioids as the combination is thought to generate euphoria. In this case, the applicant is, indeed, using numerous opioid and non-opioid agents. Adding carisoprodol or Soma to the mix is not indicated. Therefore, the request is not certified.