

Case Number:	CM13-0050439		
Date Assigned:	06/09/2014	Date of Injury:	09/30/2003
Decision Date:	07/14/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old male with a work injury dated 8/9/09. The diagnoses include knee pain, bilateral, history of total hip arthroplasty on the left, degenerative disc disease, lumbar - and chronic pain disorder. There is a request for the medications Soma and Percocet. A 1/14/14 orthopedic office visit states that the patient is at the visit for his numerous musculoskeletal complaints. He is complaining of a lot of pain in both of his knees today. He feels like the pain radiates down from the lateral aspect of the hip though. The pain doesn't go below the knees. He tries to remain active. Whenever he tries to do things though, he says the next couple of days are very difficult and he usually ends up lying in bed. A CD of CT myelogram of the lumbar spine that he had in January of 2013 was reviewed. The provider states that the CT myelogram shows good alignment of the spine with very minimal degenerative disc disease and the canal looks excellent. He states that in the past MRIs have shown fairly significant constriction of the thecal sac by epidural fat. That was mostly right after he had the epidural that started all this about 10 years ago and this has resolved. On physical exam the patient doesn't appear in any distress. His knees are both normal in appearance. There is no deformity. Alignment is neutral. There is no swelling or effusion. He fully extends. He flexes to 135". He moves around a little slowly and cautiously. He tends to in-toe a little on the left side. The document states that diagnostic imaging of the x-Ray lateral views of the left and right knee are normal. There is perhaps very slight narrowing of the medial compartment bilaterally. There are no other obvious degenerative changes. The physician documents that he doesn't have a great explanation for all the pain that he has. He has pain that the documenting physician seems way out of proportion to what he has ever found. He has some sort of pain disorder in his opinion. He should be under the care of a pain management expert. The provider states that an attempt should be made to get him off of

his pain medications. In the long run he doesn't think it's doing him any good. He states that the patient has been unwilling or unable to do this to this point in time. There is a 10/16/13 document that states that the patient presented with left hip pain laterally over the trochanter and sometimes got radiation down towards his knee that caused him to limp. Physical examination findings included inspection of the right hip that was perhaps slightly compensated due to favoring the right side and range of motion of his hip did not produce crepitus or clunking. There was tenderness over the trochanter. X-ray imaging of the lateral hip was negative and the Hardware from the hip replacement was in a good position.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION CARISOPRODOL 350 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines :CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 63, 65.

Decision rationale: There is documentation of Carisoprodol use dating back to 2011. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. There is no documentation of significant functional improvement despite being on this medication long term. Therefore, in light of these reasons, the request for one prescription Carisoprodol 350mg is not medically necessary.

PERCOCET 10/325 MG QUANTITY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The guidelines state that opioids should be discontinued when there is no overall improvement in function and to continue opioids if the patient has returned to work and has improved functioning and pain. The documentation indicates that the patient has had no significant improvement in pain or function. Additionally the 1/14/14 orthopedic physician note also states that an attempt to get the patient off his pain medications should occur as he does not feel it is helping the patient. Therefore, without evidence of improved pain or function the request for Percocet 10/325mg quantity 180 is not medically necessary.