MAXIMUS Federal Services

Case Number:	CM14-0003093		
Date Assigned:	01/31/2014	Date of Injury:	05/28/2008
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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 has submitted a claim for knee pain associated with an industrial injury date of 5/28/2008. The treatment to date has included, total right knee arthroplasty done on 8/18/2008, left knee unicompartmental arthroplasty with subsequent left total knee replacement done on 6/6/13, and physical therapy sessions. The medications taken include Soma 350mg/tab, Zolpidem tartrate 10mg/tab, Pennsaid 1.5% solution, Norco 10/325mg/tab, Aspirin, Citalopram HBr 20mg/tab, Crestor 40mg/tab and Hydrochlorothiazide 25 mg/tab. The medical records from 2013 were reviewed which revealed consistent bilateral knee pain which was noted during cold weather. Quality of sleep is fair. The medications given were working well, although sometimes he still has stiffness and soreness of his knee. He was unable to perform additional on site duties daily. He can walk/stand and can drive not more than 50 miles a day. Physical examination of right knee showed no limitation of motion. Tenderness was noted over the medial joint line. Right knee was stable to valgus stress in extension and at 30 degrees, stable to varus stress in extension and at 30 degrees. Anterior drawer, Lachman's, Pivot shift, Reverse pivot shift, Posterior drawer and McMurray's tests were all negative. Left knee examination showed bow leg deformity, range of motion restricted with flexion which was limited to 90 degrees, and extension limited to 140 degrees. Varus deviation was noted. Tenderness was present over the lateral joint line and patella. Urine toxicology was done on 5/16/11 which indicated positive for the following; opiates, hydrocodone at 725ng/mL, Hydromorphone at 182ng/mL, Oxycodone at 61ng/mL, THC at 1224ng/mL, Carisprodol at 270ng/mL and Meprobate at 7843ng/mL. A Utilization review from 12/20/2013 denied the requests for Norco 10/325mg/tab and Soma 350mg/tab. Norco was denied because the results of urine drug screening are noted to be inconsistent with illicit substances. Other information regarding its denial was not completely

stated in medical records provided. As per Soma, it was denied because patient was taking it since at least 2011 which is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 TABLETS OF NORCO 10/325MG: Overturned

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): 78-80.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS further states that continuation of opioids is necessary if the patient has returned to work. In this case, the patient has been prescribed with Norco since at least 2011. Urine toxicology done on 5/16/11 confirmed the levels of hydrocodone and hydromorphone. The patient reported beneficial effects with medication intake; as he was able to complete activities of daily living, such as, self-care. The patient likewise has resumed working. The MTUS guidelines criteria have been met. Therefore, the request for 90 tablets of Norco 10/325mg/tab is medically necessary.

60 TABLETS OF SOMA 350MG: Upheld

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

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

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, Tramadol, benzodiazepine, and codeine. In this case, the patient has been prescribed with Soma as early as 2011. The progress report dated 1/8/14 mentioned that patient had significant relief from spasms in his legs attributed to its use. He was instructed to take the medication on as needed basis for muscle spasm. However, there is no documentation on how often he needed to use it. Furthermore, patient is likewise on Norco, which is not recommended to be used in conjunction with carisoprodol as it has a high potential for abuse, as stated above. Therefore, the request for prescription of 60 tablets of Soma 350mg is not medically necessary.