

Case Number:	CM14-0007042		
Date Assigned:	02/07/2014	Date of Injury:	11/29/2012
Decision Date:	06/20/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/15/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; and earlier knee surgery. In a Utilization Review Report dated December 31, 2013, the claims administrator denied a request for a decreased dosage and supply of Percocet, denied a request for Soma, and denied a request for Vicodin. The applicant's attorney subsequently appealed. A January 16, 2014 progress report was notable for comments that the applicant reported 8/10 pain with medications and 9/10 pain without medications. The applicant's pain was reportedly worsened since the last visit. The applicant was reportedly limited and constrained in terms of even basic activities of daily living, including self-care, personal hygiene, and walking. The applicant was using a cane to move about. The applicant was given refills of a variety of medications, including an ibuprofen containing cream, Soma, Lortab, Lidoderm, and Neurontin. In an earlier note of January 8, 2014, the applicant was described as having persistent low back and knee pain. The applicant was placed off of work, on total temporary disability. MRI imaging of multiple body parts was endorsed. A December 19, 2013 progress report was also notable for comments that the applicant had ongoing pain complaints. Lortab, Neurontin, Soma, and Lidoderm were sought. In an earlier note of October 9, 2013, the applicant was again described as having heightened complaints of knee pain. The applicant was reportedly agitated. The applicant was described as having a presentation which was not suggestive of a knee infection. The applicant was reportedly receiving disability payments, it was stated. His pain complaints were 8-9/10. He was ambulating with a pronounced limp. He was again placed off of work, on total temporary disability. The applicant apparently underwent a left knee arthroscopic partial lateral meniscectomy on October 1, 2013, it is incidentally noted. In an

earlier note of April 25, 2013, the applicant was again described as having persistent multifocal knee, low back, and elbow pain. The applicant was asked to employ Percocet at a decreased dosage, continue Soma, and continue Vicodin. No rationale or justification for selection of any of these medications was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG ONE TABLET Q.I.D #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant, Page(s): 63, 65.

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not endorsed for the chronic, long-term, and/or scheduled four times daily use for which it is being proposed here, particularly when used in conjunction with opioid medications. In this case, the applicant is in fact using multiple opioid medications. Adding carisoprodol or Soma to the mix is not recommended. It is further noted that ongoing usage of carisoprodol and other pain medications have failed to result in any appreciable reduction in pain levels or functional improvement as defined in MTUS 9792.20f. The applicant remains off of work, several months removed from the date of surgery. The applicant still has pronounced gait derangement and has difficulty performing even basic activities of daily living. Continued usage of Soma is not indicated, for all of the stated reasons. Therefore, the request is not medically necessary.

VICODIN 5/500MG ONE TABLET B.I.D P.R.N. #48: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant is off of work. The applicant's pain complaints are heightened as opposed to reduced, despite ongoing opioid therapy. The applicant's reduction in pain levels appear to be minimal to negligible and is outweighed by the heightened difficulty in terms of activities of daily living and failure to return to any form of work. Therefore, the request is not medically necessary.

DECREASE PERCOCET 10/325MG TO 5/325MG 1 TO 2 TABLET 3X DAY PRN #148:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Acetaminophen(Percocet, generic available), Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic; Ongoing Management Topic Page(s): 80,78.

Decision rationale: Percocet is a short-acting opioid. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, it is not clearly stated why two separate short-acting opioids, Percocet and Vicodin, are needed or indicated here. It is further noted that, as with the request for Vicodin, that the applicant has failed to meet the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant's pain complaints are heightened, as opposed to reduced, despite ongoing opioid therapy. The applicant has failed to achieve any improvement in terms of even basic activities of daily living such as ambulation, despite ongoing opioid therapy. The applicant is still using a cane. On balance, the request for continuation of Percocet, even at a reduced dosage, is not indicated, for all of the stated reasons. Therefore, the request is not medically necessary.