

Case Number:	CM14-0012976		
Date Assigned:	02/24/2014	Date of Injury:	12/29/2010
Decision Date:	07/07/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/31/2014

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 Neurological Surgery 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 claimant is a 47-year-old female who was injured on December 29, 2010. The original injury is documented as occurring when the claimant slipped on my concrete striking the knee. On September 10, 2013, the claimant is documented as presenting for follow-up of an MRI on the right knee with pending treatment authorization for the arthroscopy for chondroplasty of the patella subcutaneous lateral release for them. The pain is rated as 8/10. Diagnoses include contusion of the right knee, chondromalacia patellae, patellofemoral pain syndrome. This document indicates the claimant is taking Vicodin and soma, but a previous urine drug screen from April 10, 2013 was negative for Vicodin despite claimant stating usage of medication 2-3 times daily. The most recent clinical progress note is dated December 18, 2013. The claimant presents with continued right knee pain rated as 9-10/10. The claimant request refills on Vicodin and soma. There is no change in diagnostic present from the above diagnoses. The utilization review in question was rendered on December 30, 2013. The reviewer noncertified the request for a retrospective urine drug screen, 60 tablets of hydrocodone 5/500, and 30 tablets of soma 350 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE URINE DRUG TEST-RANDOM (7/10/2013): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

Decision rationale: The MTUS supports the use of urine drug screening when there is continued use of narcotic medications such as Vicodin. Base on the documentation provided, the urine drug screen from April 2013 demonstrated consistencies with the claimant's current medication usage and that there was no evidence of Vicodin usage, despite the claimant's endorsement of utilizing medication 2-3 times daily. As such, with the ongoing use of narcotic pain medications, the request is considered medically necessary.

VICODIN 5/500 #60: Upheld

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): 74-96.

Decision rationale: The MTUS recommends against the use of opiate medications as first-line therapy for the management of osteoarthritis and are only indicated for short-term use. Additionally, the MTUS indicates that opiates are not recommended for mechanical or compressive etiologies and are "rarely beneficial." Based on the diagnoses provided, there is no indication that the claimant should currently utilizing opioids. Additionally, the claimant notes pain rated as 9-10/10 despite currently utilizing Norco. As such, the request is considered not medically necessary.

SOMA 350 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: The MTUS specifically recommends against the use of this medication and also notes that is not intended for long-term use. Additionally, the MTUS notes that Soma is often used in conjunction with Hydrocodone to give "an effect that some abusers claim is similar to heroin." As such, the request is considered not medically necessary.