

Case Number:	CM14-0028278		
Date Assigned:	03/19/2014	Date of Injury:	10/09/2008
Decision Date:	04/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 reported an injury on 10/08/2008. The most recent clinical note is a letter from the patient, dated 03/24/2014 which states with any movement or involvement in activities of daily living the patient is in constant pain. She states the left hip is a constant burning pain which radiates to her lower back area only relieved by medication and only to tolerate. In relation to her left knee, she states all the surgical treatment did not help, and on her most recent appointment with the orthopedist she was informed that she was 1 in 5 of the patients that went through surgery and came out worse than they were before they started. The patient states without treatment she is unable to work and would require a total disability for her injuries. It is stated that the patient is where she may require another knee surgery in the future and it is important so she can continue her medical treatment. The patient's symptoms include pain and swelling on a constant which require readjustments of her life to accommodate her activities of daily living. She has noted instability as she is adjusting her balance to walk different surfaces. She has constant knee pain interrupting her sleep causing fatigue and depression, and ankle pain which often feels like stabbing jolts stopping me from activity. The patient also had increased lower back pain which is a newer symptom, and seems to be getting worse as the knee pain increases. The patient states these symptoms interfere with all aspects of her life. The most recent clinical documentation provided in the medical record is dated 08/30/2011. Other than the letters written by the patient, herself, there is no recent up to date documentation of the patient's subjective findings or objective findings upon examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG 1 PO QHS PRN SPASMS #30 WITH 1 REFILL: Upheld

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 Carisoprodol Page(s): 29.

Decision rationale: After professional and thorough review of documents, Soma 350 mg 2 by mouth every at bedtime as needed #30 with 1 refill was not medically necessary. Per California MTUS Guidelines it is stated that the requested medication is not recommended. This medication is not indicated for long-term use. The patient has been taking the requested medication for a significant amount of time, and it is recommended for a short-term use. California MTUS Guidelines state that with the use of opioids it is recommended that there be ongoing documentation of pain relief, functional status, appropriate medication use, and side effects to said medication. There should also be documented pain assessment provided in the medical record with satisfactory response to medication that would be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As there is not documentation in the medical record of the patient's having any significant functional increase with the requested medication, any significant decrease in the patient's complaints of pain, or increase in the patient's quality of life with use of the medication, the medical necessity for continued use cannot be determined at this time and the request for Soma 350 mg 1 tablet at bedtime as needed for spasms #30 with 1 refill is non-certified. However, California MTUS states that opioid medication should not be stopped abruptly and should be allowed for weaning. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for the safe discontinuation.

NUCYNTA ER 100MG #60, 1 TAB EVERY 12 HOURS: Upheld

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 Opioids Page(s): 78.

Decision rationale: California MTUS/ACOEM does not address this specific medication, Nucynta. However, it is stated that with the use of opioids for ongoing pain management there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects of that medication. There should also be documented pain assessments with satisfactory response documented which would be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As there is no documentation in the medical record of any of the aforementioned symptoms, the medical necessity for continued use cannot be determined, and the request for Nucynta ER 100MG #60, 1 tab every 12 hours. While the requested medication does not meet medical necessity based on

information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.

NORCO 10/325MG, 1 PO QID PRN PAIN #120 WITH 1 REFILL: Upheld

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 Opioids Page(s): 78.

Decision rationale: After professional and thorough review of documents, my analysis is Norco 10/325 mg 1 by mouth 4 times a day as needed pain #120 with 1 refill was not medically necessary. Per California MTUS/ACOEM it is stated with the use of opioids to treat ongoing pain management there should be review and documentation of pain relief, functional status, appropriate medication use, and side effects of the medication. There should also be documented pain assessments provided in the medical record with satisfactory response to treatment that is indicated by the patient's decreased pain, increased level of function, or improved quality of life. As there is no documentation in the medical record of any of the aforementioned information, the medical necessity for continued use cannot be determined at this time and the request for Norco 10/325 mg 1 tablet 4 times a day as needed for pain 120 tablets with 1 refill is non-certified. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.

AMBIEN 10MG 1 PO Q HR PRN SLEEP #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien®)

Decision rationale: After a professional and thorough review of documents, Ambien 10 mg 1 by mouth every "hr" as needed sleep #30 with 1 refill was not medically necessary. California MTUS/ACOEM does not address Ambien or zolpidem. Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic that is approved for short-term, usually 2 to 6 weeks, treatment of insomnia. It is noted the patient has been taking the requested medication for a significant amount of time, and there is no documentation in the medical record of the patient having any significant relief from her sleep disturbance with the use of the medication. The length of time that the patient has been taking the requested medication exceeds the 2 to 6 week time period that Official Disability Guidelines recommends the use of the medication. Due to the lack of objective and subjective documentation in the medical record of any improvement with the patient's sleep disturbance with the use of the medication, the continued use cannot be determined at this time and the request for Ambien 10 mg 1 tablet every "hr" as needed for sleep #30 with 1 refill is non-certified.

