

Case Number:	CM14-0037551		
Date Assigned:	06/25/2014	Date of Injury:	01/30/2007
Decision Date:	08/27/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 is a 65-year-old female with an injury date of 01/30/2007. According to the 02/04/2014 progress report, the patient complains of severe knee and lower back pain. The patient has an antalgic gait as well as quad weakness. Her diagnoses include the following: 1. Lumbosacral sprain/strain. 2. Sacroiliac sprain/strain. 3. Arthroscopic knee surgery. The request is for the following: 1. Norco 2.5 mg. 2. Soma 350 mg. 3. Motrin 800 mg. 4. Flurbiprofen 300 mg 25%, left knee. The Utilization Review determination being challenged is dated 03/12/2014. The treatment reports are provided from 10/02/2013 - 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60,61,88,89.

Decision rationale: According to the 02/04/2014 report, the patient presents with severe knee pain and lower back pain. The request is for Norco 2.5 mg. The utilization review letter states

that the patient has been taking Norco for some time; however, there is no indication of when exactly the patient began taking this opioid. In regards to chronic opiate use, the MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months, a documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), outcome measures, documentation of pain and the time it takes for the medication to work. There are no discussions provided regarding any type of functional improvements specific to the use of Norco nor are there any indications that the patient has had significant changes in ADLs. Given the lack of sufficient documentation demonstrating efficacy from the use of Norco, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma),Muscle relaxants (for pain) Page(s): 29,63-66.

Decision rationale: According to the 02/04/2014 progress report, the patient presents with severe knee pain and lower back pain. The request is for Soma 350 mg. The patient began taking Soma on 10/14/2013. None of the reports provide any discussion as to what Soma has done to benefit the patient. MTUS does not support the use of Soma for long-term basis. The reports show that the patient has been taking Soma from at least 10/14/2013. Therefore, the request is not medically necessary.

Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain,Anti-inflammatory medications Page(s): 60.61,22.

Decision rationale: According to the 02/04/2014 progress report, the patient presents with severe knee pain and lower back pain. The request is for Motrin 800 mg. MTUS Guidelines support NSAIDs for neuropathic pain with mixed conditions. There is no indication of when the patient began taking Motrin, nor is there any discussion regarding medication efficacy. MTUS page 60 requires documentation of function and pain when medications are used for chronic pain. Given the lack of documentation of efficacy, the request is not medically necessary.

Flurbiprofen 300m 25% left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams Page(s): 111.

Decision rationale: According to the 02/04/2014 progress report, the patient presents with severe knee pain and lower back pain. The request is for Flurbiprofen 300 mg 25%, left knee. MTUS Guidelines provide clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial, spinal pain, but supports it for peripheral joint arthritis and tendinitis. None of the reports mentioned the patient having arthritis or tendinitis. Therefore, the request is not medically necessary.