

Case Number:	CM14-0069638		
Date Assigned:	07/14/2014	Date of Injury:	07/15/2008
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty Certificate in Pain 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 is a 62 year old female with an injury date of 7/15/08 due to stepping into an open drainage gutter and twisting ankle and right knee. She presents with right knee pain noted in progress report dated 4/15/14; pain level at 3-5/10 with worsening on the right than the left knee. She reported getting sharp, throbbing pain with walking and standing for periods of time. She was working at the time. MRI of the right knee dated 3/25/13 revealed severe lateral compartment arthrosis with patellofemoral arthrosis. Treatment to date has included right knee arthroscopic revision on 2/10/10, right knee arthroscopy on 2/2009, physical therapy, and medication management. The date of UR decision was 5/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Carisoprodol 350mg #30 DOS 03/06/2013: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, page 29 regarding Carisoprodol is not indicated for long-term use. It is a commonly prescribed, centrally acting

skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. There is insufficient documentation contraindicating the use of this medication for the current condition. Therefore, Carisoprodol 350mg, quantity 30 is not medically necessary and appropriate.

Retrospective Diazepam 5mg #2 DOS 03/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 24, regarding benzodiazepines is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review lacks any indication for this medication for the retrospective date of service. No insomnia, anxiety, or spasm was documented in the medical records. Therefore, Diazepam 5mg, quantity 2 is not medically necessary.

Retrospective Tramadol 50mg #60 DOS 06/19/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids, "The 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors) domain have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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 documentation submitted for review lacks any indication for this medication for the retrospective date of service. Therefore, Tramadol 50mg, quantity 60 is not medically necessary and appropriate.