

<b>Case Number:</b>	CM14-0088464		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/13/1999
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 54 year old with an injury date of 7/13/99. Patient complains of severe, chronic bilateral knee pain rated 10/10 without medications and 3/10 with medication, worse on the left due to internal derangement from original injury per 5/13/14 report. Patient had 2 left knee surgeries in 2001, and has since repeatedly fallen with exacerbation of knee pain per 5/13/14 report. Patient feels a popping sensation in her knees like rice-crispies, can feel loose bodies in the knee, and can feel there is bone on bone in the knee per 5/13/14 report. Based on the 5/13/14 progress report provided by [REDACTED] the diagnoses are: 1. Headache; 2. Pain in joint; multiple sites 3. Pain in joint; lower leg 4. Sprain and strain of sacroiliac 5. Unspecified myalgia and myositis 6. Osteoarthritis unspecified whether generalized or local lower leg 7. Lumbago 8. Thoracic/lumbosacral neuritis/radiculitis unspecified 9. Degeneration of cervical intervertebral disc 10. Displacement intervertebral disc site unspecified without myelopathy 11. Lumbosacral spondylosis without myelopathy 12. Cervical spondylosis without myelopathy 13. Degenerative lumbar/lumbosacral intervertebral disc 14. Displacement lumbar intervertebral disc without myelopathy 15. Cervicalgia Exam on 5/13/14 showed antalgic gait favoring left side, walks with a cane. Reports she is unable to walk for more than 4 minutes. Normal strength is upper/lower extremities. No evidence of sensory loss. Reflexes: Left knee: 1+. Left ankle: 1+. Right knee: 2+. Right ankle: 1+. No range of motion testing included in reports. [REDACTED] is requesting Soma 350mg Qty 30, Intrathecal Pump Trial, and a Psychological Evaluation. The utilization review determination being challenged is dated 6/10/14. [REDACTED] is the requesting provider, and he provided a single treatment report from 5/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg Qty 30:** 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 (Soma) Page(s): 29.

**Decision rationale:** This patient presents with bilateral knee pain and is status post two arthroscopic surgeries on left knee, most recently in 2001. The treating physician has asked for Soma 350mg Qty 30 on 5/13/14. The 5/13/14 report states she gets Xanax, Soma, Ambien, and butalbital from her psychiatrist. Regarding Soma, MTUS does not recommend for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. In this case, it appears patient has already been taking Soma on a consistent basis from her psychiatrist. MTUS, however, only recommends Soma for short term use only (2-3 weeks). Request is not medically necessary.

**Intrathecal Pump Trial:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Trial of an Implantable Drug-Delivery Systems.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-54.

**Decision rationale:** This patient presents with bilateral knee pain and is s/p two arthroscopic surgeries on left knee, most recently in 2001. The treater has asked for Intrathecal Pump Trial on 5/13/14. Patient is currently taking Dilaudid, Soma, Zantac, Alprazolam, Fluoxetine, and Prozac per 5/13/14 report. Regarding Implantable drug-delivery systems (IDDSs), MTUS recommends only as an end-stage treatment alternative for selected patients for liver, colorectal, and head/neck cancers, severe spasticity for patients who cannot tolerate oral Baclofen therapy, after failure of at least 6 months of less invasive methods, and following a successful temporary trial. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (for which a pump would be used), although IDDSs may be appropriate in selected cases of chronic, severe low back pain or failed back syndrome. Besides the failure of 6 months of other conservative treatment modalities, intractable pain secondary to a disease state with objective documentation of pathology, further surgical intervention is not indicated, psychological evaluation unequivocally states that the pain is not psychological in origin, and a temporary trial has been successful prior to permanent implantation as defined by a 50% reduction in pain. In this case, the patient treater has asked for Intrathecal Pump Trial but does not explain why it is necessary, as patient appears able to tolerate oral opioids. This patient's main complaint is chronic knee pain, and MTUS recommends an intrathecal pump for certain

types of cancers and possibly for cases of severe chronic back pain. Recommendation is for denial.

**Psychological Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** This patient presents with bilateral knee pain and is status post two arthroscopic surgeries on left knee, most recently in 2001. The treating physician has asked for a psychological evaluation on 5/13/14 for surgical clearance. In this case, treating physician is requesting a psychological evaluation along with a request for an intrathecal pump trial. As the intrathecal pump is not indicated per MTUS guidelines, neither is the psychological evaluation indicated. Request is not medically necessary.