

Case Number:	CM14-0096202		
Date Assigned:	07/25/2014	Date of Injury:	06/23/2001
Decision Date:	09/09/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/24/2014

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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 55-year-old male who reported an injury on 06/23/2001. The mechanism of injury was not provided with this review. The injured worker's diagnoses were noted to be bilateral knee pain and lumbar spine pain. The injured worker had subjective complaints of daily discomfort of the bilateral knees noted in a progress report dated 04/30/2014. The objective physical exam findings included tenderness along the medial and lateral joint line bilaterally. It is noted he takes Norco and Soma. The treatment plan included medication refills. The provider's rationale for the request was noted within the progress report on 04/30/2014. A Request for Authorization form was provided and dated 09/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #30: Upheld

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

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

Decision rationale: The request for Soma 350 mg quantity 30 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend Soma. This medication

is not indicated for long term use. The injured worker has had long term use of Soma. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for 1 prescription of Soma 350 mg quantity is not medically necessary.

1 prescription of Norco 5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for 1 prescription of Norco 5/325 mg quantity 50 is non-certified. Efficacy is not noted within the progress report with long term use of Norco. In addition, the provider's evaluation fails to indicate an adequate pain assessment. The assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The California MTUS Chronic Pain Medical Treatment Guidelines indicate criteria for ongoing management of opioids. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. In addition, to lack of documentation, the provider's request fails to indicate a dosage frequency. Therefore, the request for Norco 5/325 mg quantity 50 is not medically necessary.