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| <b>Case Number:</b>   | CM14-0187988 |                              |            |
| <b>Date Assigned:</b> | 11/18/2014   | <b>Date of Injury:</b>       | 05/28/2008 |
| <b>Decision Date:</b> | 01/06/2015   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/11/2014 |

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of May 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee surgery; transfer of care to and from various providers in various specialties; opioid agents; topical agents; initial return to work; a knee brace; and subsequent removal from the workplace. In a Utilization Review Report dated October 14, 2014, the claims administrator failed to approve requests for Norco and Soma. The claims administrator stated that the applicant had alleged knee pain complaint secondary to cumulative trauma at work. The claims administrator alluded to the applicant's having had earlier drug testing on May 15, 2011 which was apparently positive for marijuana. The claims administrator stated that its decision was based on an earlier UR report of September 24, 2014, an RFA form of October 7, 2014, and a progress note of September 29, 2014. The applicant's attorney subsequently appealed. In a September 29, 2014 progress note, the applicant reported 7-9/10 knee pain with derivative complaints of sleep disturbance. The applicant's medication list included Norco, Soma, aspirin, Celexa, Crestor, and hydrochlorothiazide. The applicant stated that he had been verbally terminated by his former employer on the grounds that they were unwilling to accommodate his limitations. The attending provider did allude to earlier drug testing of May 16, 2011 which was positive for marijuana. The attending provider also alluded to a psychiatric medical legal evaluation of December 20, 2009, in which the applicant was placed off of work from a mental health perspective. The applicant's BMI was 32. The attending provider stated that the applicant's pain complaints were reduced from 6/10 to 4/10 as a result of opioid consumption and that the applicant's ability to perform household chores such as taking out the garbage, doing laundry, performing self-care were all ameliorated with medication consumption. Soma was attenuating

the applicant's muscle spasms. The applicant was given restrictions which were resulting in his removal from the workplace, the attending provider acknowledged.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**60 tablets of Soma 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic. Carisoprodol section. Page(s): 29,65.

**Decision rationale:** carisoprodol or Soma is not recommended for longer than a two- to three-week period. Here, however, it appears that the applicant has been using carisoprodol or Soma for what appears to be a minimum of several months to several years. The applicant was using Soma on an earlier office visit of May 9, 2014 as well as on the September 29, 2014 office visit in which the RFA in question was issued. Such long-term usage, however, is incompatible with both pages 65 and page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which recommends against usage of carisoprodol in conjunction with opioids. Here, the applicant is, in fact, concurrently using Norco, an opioid agent. Therefore, the request was not medically necessary.

**90 tablets of Norco 10-325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic. Page(s): 79.

**Decision rationale:** As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is recommended in applicants who are concurrently using illicit drugs. Here, the requesting provider did allude to earlier drug testing of May 16, 2011 which was positive for marijuana. The attending provider has not reconciled the applicant's historical positive drug test with the decision to continue using Norco, an opioid agent. The attending provider did not seemingly make any response to the positive historical drug test result. The documentation on file does not make it clear whether the applicant is or is not currently using marijuana. The positive historical drug test reported by the attending provider, however, thus suggest that discontinuing Norco may be a more appropriate option than continuing the same, as suggested on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

