

Case Number:	CM14-0205150		
Date Assigned:	12/17/2014	Date of Injury:	04/29/2003
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehabilitation, has a subspecialty 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 injured worker is a 44-year-old male with an original date of injury on April 29, 2003. The industrially related diagnoses are status post right knee surgery 5 times, right knee pain, and chronic pain syndrome. CT scan of the right knee on April 24, 2014 showed knee arthroplasty, anatomic alignment no evidence of fracture. The treatments to date include Norco, Percocet, Soma, and physical therapy sessions. The patient has had multiple knee surgeries ranging from July 31, 2003 to May 23, 2005. The disputed issues are the requests for MS Contin 15 mg quantity unknown, and Soma 350 mg quantity unknown. A utilization review on November 6, 2014 as noncertified these requests. The stated rationale for denial of MS Contin was the provided documentation does not identify pain levels with the use of MS Contin and there is no documentation of functional and vocational improvement with ongoing use. Therefore, this request is not medically necessary. With regards to the request for Soma, the utilization review states muscle relaxants are recommended for short-term use. Within the submitted documentation, there is no evidence of muscle spasticity. Therefore, continuing this medication is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient has been receiving ongoing opioid treatment ranging from Norco, to Percocet to MS Contin. There is no indication that the medication is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use such as urine drug screen and CUREs report. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.

Soma 350mg #60: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as the patient has been taking it for over one year. Furthermore, a urine drug screen completed on 11/11/2013 and July 17, 2014 showed inconsistent usage of Soma. In the absence of such documentation, the currently requested Carisoprodol (Soma) is not medically necessary.