

Case Number:	CM14-0208596		
Date Assigned:	12/22/2014	Date of Injury:	07/31/2013
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury of 7/31/13 when she slipped and fell at work. This resulted in injury to the left knee, left hip and lumbar spine. After initially being seen in urgent care she was referred to orthopedics. She continues to have complaint of chronic pain in the left knee, left hip and low back. Treatment has included medications, physical therapy and injection to the left hip. MRIs have revealed a torn medial meniscus in the left knee, trochanteric bursitis of the left hip and lumbar stenosis with degenerative disc disease at multiple levels. Her current diagnoses are left hip contusion and trochanteric bursitis, chronic left knee pain with torn medial meniscus, and chronic low back pain with lumbar stenosis, degenerative disc disease and osteoarthritis. The primary treating physician has requested Vicodin 7.5/300 mg #60 with no refill, Soma 350 mg #60 with no refill, and Motrin 800 mg 4 times a day #120 with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300 mg, sixty count without refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80, 91.

Decision rationale: Vicodin is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records show that Vicodin has been used since at least December 2013. There is no documentation of specific functional improvement, side effects or pain assessment as noted above for ongoing use of Vicodin. Without appropriate documentation provided, the request for Vicodin 7.5/300 mg #60 is not medically necessary.

Carisoprodol (Soma) 350 mg, sixty count without refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Soma.

Decision rationale: The MTUS notes that Soma (carisoprodol) is not recommended for longer than a 2 to 3 week period. It is metabolized to meprobamate, which requires classification as a schedule IV drug in some states. Withdrawal symptoms may occur with sudden discontinuation. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. The ODG guidelines state that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse: 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. In this case the medical records document use of Soma 350mg exceeding the 2 to 3 week maximum duration recommended in the MTUS and ODG guidelines. The request for Soma 350mg #60 is not consistent with the MTUS and ODG guidelines and is not medically necessary.

Motrin 800 mg, 130 count without refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory medications Page(s): 67-68, 72.

Decision rationale: Ibuprofen (Motrin) is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. For mild to moderate pain at a dose of 400 mg by mouth every 4-6 hours as needed is recommended. For osteoarthritis doses of 1200 mg to 3200 mg daily may be used. Doses should not exceed 3200 mg per day. The medical records note that ibuprofen has been used at a dose of 800 mg 4 times daily, which is the maximum dose for ibuprofen. The MTUS does recommend use at the lowest dose and for the shortest duration possible. The utilization review on 11/25/14 did recommend continuing the medication however, recommended use of generic equivalents and monitoring of hepatic and renal function. In this case the injured worker does have significant ongoing pain with osteoarthritis. Given the above precautions, I am reversing the prior utilization review decision. The request for ibuprofen, 800 mg 4 times a day, #120 is medically necessary.