

Case Number:	CM15-0137296		
Date Assigned:	07/27/2015	Date of Injury:	01/04/2004
Decision Date:	09/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old who has filed a claim for chronic knee pain with derivative complaints of anxiety reportedly associated with an industrial injury of January 4, 2004. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for Soma, Norco, Xanax, and oxycodone. The claims administrator referenced an RFA form received on June 23, 2015 in its determination. The complete UR report was not, it was incidentally noted, attached to the application. The applicant's attorney subsequently appealed. In a handwritten July 21, 2015 progress note, the applicant reported worsening pain complaints. The applicant also reported heightened complaints of psychological stress. The applicant had undergone a failed left knee total knee arthroplasty surgery, it was reported. The applicant's pain complaints had "engulfed" his entire body to include low back, upper back, shoulders, and knees, it was reported. The attending provider seemingly suggested that the claims administrator was only paying for certain portions of the applicant's care on the grounds that the applicant's pain syndrome had not been accepted as compensable. The attending provider stated that he was unwilling to decrease the applicant's medications. The note was very difficult to follow, not entirely legible, and did not seemingly incorporate much discussion of medication efficacy. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant was asked to consult an orthopedist to evaluate the integrity of the prosthesis and/or consider a functional restoration program to detoxify off medications. In a handwritten note dated June 22, 2015, various medications, including Soma, Paxil, and Tenormin were apparently renewed. The applicant's knee pain complaints were

worsened. The applicant's work status, once again, was not detailed, although it did not appear that the applicant was working. In an RFA form dated July 21, 2015, Paxil, Tenormin, Zestril, Norco, oxycodone, Ambien, Relafen, Xanax, and benazepril were all prescribed. Once again, no seeming discussion of medication efficacy transpired. In a handwritten note dated May 27, 2015, the applicant reported ongoing pain complaints. Oxycodone was prescribed. The applicant was "not looking well," the treating provider reported. It was not reported, although it did not appear that the applicant was working. A variety of other medications were refilled, including oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 4) On-Going Management Page(s): 78.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for concomitant usage of two separate short-acting opioids, Norco and oxycodone. Therefore, the request was not medically necessary.

Xanax 1mg #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 Benzodiazepines Page(s): 24.

Decision rationale: Similarly, the request for Xanax, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, the attending provider did not, it is incidentally noted, and clearly state for what issue, diagnosis, and/or purpose Xanax was being employed. Continued usage of the same, however, represented treatment in excess of the 4-week limit for benzodiazepine usage set forth on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Oxycodone 10mg #45: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on multiple progress notes of mid-2015, referenced above, strongly suggesting that the applicant was not, in fact, and working. The attending provider's commentary on May 27, 2015 to the effect that the applicant had difficulty walking, was "not looking well," was using a cane, was having multifocal pain complaints to encompass the low back, upper back, neck, shoulder, etc., strongly suggested that the applicant was not, in fact, working. The attending provider's handwritten progress notes, including those of July 21, 2015, June 22, 2015, and May 27, 2015 did not, moreover, outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.

Soma 350mg #90: 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); Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available) Page(s): 29; 65.

Decision rationale: Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol or Soma to the mix was not recommended. It is further noted that the 90-tablet supply of carisoprodol at issue, in and of itself, implies treatment in excess of the 2- to 3-week period limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.