

Case Number:	CM15-0183190		
Date Assigned:	09/24/2015	Date of Injury:	01/16/2007
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68 year old man sustained an industrial injury on 1-16-2007. Evaluations include left knee MRI dated 3-13-2015. Diagnoses include status post right knee surgery, lumbar spine diffuse spondylosis, left knee mild osteoarthritis of the medial compartment, left knee medial and lateral meniscus tear, chondromalacia patella, femoral condolyte osteophytes, Baker's cyst, and status post left knee surgery. Treatment has included oral medications, home exercise program, and surgical intervention. Physician notes on a PR-2 dated 8-11-2015 show complaints of continued left knee pain rated 7 out of 10 nine weeks after surgical intervention that is described as increased and persistent low back pain. The worker is currently using Norco and soma and notes functional improvement and improvement in pain ratings with his current regimen. He rates his pain 8 out of 10 without medications and 2 out of 10 with medications. the physical examinations shows left knee incision has healed, tenderness over the incision and the medial joint line, minimal swelling, and range of motion is noted to be flexion 110 degrees and extension 0 degrees. Recommendations include Norco, soma, physical therapy, and follow up in one month. Utilization Review denied a request for Norco and Soma citing no evidence of opioid medication risk assessment profile, attempts at weaning/tapering, updated and signed pain contract, evidence of objective functional benefit due to the medication, and the need for continuation. Further, Soma was denied citing the claimant should have already been weaned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 8/11/15, the injured worker rated pain 2/10 with the use of medication, and 8/10 without medication. He noted improvement with activities of daily living, as well as increased ability to stand and walk as a result of his current medication usage. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 7/6/15 was consistent with prescribed medications. I respectfully disagree with the UR physician's assertion that the medical records do not support on-going opiate therapy. There is documentation of functional improvement. The request is medically necessary.

Soma 350mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Non- sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Per MTUS CPMTG p29, "Not recommended. 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). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. 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." The records were evaluated as to the history of medication use, this appears to be the first time this was the medication was prescribed. However, as this medication is not recommended by MTUS, it is not medically necessary.