

Case Number:	CM15-0191694		
Date Assigned:	10/05/2015	Date of Injury:	01/11/2011
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 52 year old male, who sustained an industrial injury on 01-11-2011. He has reported subsequent low back and bilateral knee pain and was diagnosed with lumbago and pain in joint involving lower leg, bilateral. Treatment to date has included pain medication and bracing with no documentation as to the effectiveness of the therapies rendered. It's unclear as to how long Norco and Soma had been prescribed. The only medical documentation submitted consists of a primary treating physician's progress note dated 08-27-2015. On 08-27-2015, the injured worker was noted to have been doing well until three weeks prior when while stepping out of his truck, he felt pain in the left knee with subsequent swelling and pain to the touch. The injured worker noted that pain had not improved and that he feels unstable. The severity of pain was not rated and there was no indication as to the effectiveness of Norco and Soma at relieving pain or improving function. Objective examination findings revealed healed scar on the anterior surface of the left knee with no obvious swelling. Work status was documented as permanently disabled. The physician noted that refills of Norco and Soma were being requested. A request for authorization of Soma 350 mg #60 with 3 refills and Norco 5-325 mg #30 with 2 refills was submitted. As per the 09-18-2015 utilization review, the request for Soma was modified to certification of Soma 350 mg quantity of 30 and the request for Norco was modified to certification of Norco 5-325 mg quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60 with 3 refills: Upheld

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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 with three refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is work-related left knee internal derangement. Date of injury is January 11, 2011. Request for authorization is September 11, 2015. The medical record contains 30 pages and one progress note. According to the August 27, 2015 progress note, the injured worker presents for a recheck of the left knee status post total knee replacement. The injured worker has a three-week history of pain and swelling. The injured worker wears a knee brace. Objectively, there is a well-healed scar left knee. There is no obvious swelling. There is no clinical indication or rationale for a muscle relaxant. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of it to low back pain or an acute exacerbation of chronic low back pain. There are no prior progress notes in the medical record and the duration of use is not specified. The treating provider prescribed an additional three refills. The guidelines recommend short-term (less than two weeks) use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a muscle relaxant (with knee pain) and no clinical indication or rationale for three refills with guideline recommendations indicating short-term (less than two weeks) use, Soma 350 mg #60 with three refills is not medically necessary.

Norco 5/325mg #30 with 3 refills: Upheld

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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 30 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief,

functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is work-related left knee internal derangement. Date of injury is January 11, 2011. Request for authorization is September 11, 2015. The medical record contains 30 pages and one progress note. According to the August 27, 2015 progress note, the injured worker presents for a recheck of the left knee status post total knee replacement. The injured worker has a three-week history of pain and swelling. The injured worker wears a knee brace. Objectively, there is a well-healed scar left knee. There is no obvious swelling. There is no clinical indication or rationale for a muscle relaxant. There are no prior progress notes in the medical record. There is no documentation demonstrating objective functional improvement (as a result of lack of documentation) and no subjective improvement. There are no detailed pain assessments or risk assessments. There is no documentation indicating an attempt at Norco weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement or subjective improvement and no detailed pain assessments or risk assessments, Norco 5/325mg # 30 with three refills is not medically necessary.