

Case Number:	CM15-0192802		
Date Assigned:	10/06/2015	Date of Injury:	08/12/2012
Decision Date:	11/20/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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 54-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 12, 2012. In a Utilization Review report dated September 18, 2015, the claims administrator failed to approve requests for Soma and Diclofenac while apparently approving Percocet. The claims administrator referenced an August 27, 2015 office visit and an associated September 11, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant reported ongoing complaints of knee pain, 8-9/10. The applicant had undergone an earlier knee arthroscopy on February 19, 2014. Standing, walking, sitting, and negotiating stairs all remain problematic. The applicant was described as having issues with knee arthritis. Percocet, Soma, and oral Diclofenac were endorsed, seemingly without any discussion of medication efficacy. The prescription for Soma and Percocet were explicitly framed as refill requests on this date. A historical note dated April 24, 2015 suggested the applicant was using Percocet and Diclofenac as of that point in time. The applicant's work status was not reported on that occasion, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: No, the request for Soma, is 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 Percocet, i.e., an opioid agent. The renewal request for Soma in conjunction with the same, thus, was at odds with both pages 29 and 65 of the MTUS Chronic Pain Medical Treatment Guidelines, the latter of which espouses a 2-3 week limit for carisoprodol usage. Here, the applicant had been using carisoprodol for a minimum of several months, the treating provider suggested on August 27, 2015. Therefore, the request is not medically necessary.

Diclofenac Sodium (NA) 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Diclofenac, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac (Voltaren) do represent the traditional first-line treatment for various chronic pain conditions, this recommendations is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on August 27, 2015, suggesting that the applicant was not, in fact, working. 8-9/10 pain complaints were noted. Activities as basic as standing, walking, and negotiating stairs remain problematic; it was reported on that date. Ongoing usage of Diclofenac failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.