

Case Number:	CM15-0202549		
Date Assigned:	10/19/2015	Date of Injury:	12/21/2000
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 67 year old female with a date of injury on 12-21-2000. The injured worker is undergoing treatment for bilateral knee internal derangement and status-post right knee replacement on 01-20-2015. In a physician progress note dated 07-31-2015 documents the injured worker has strong pain in her left knee. She is not able to sit for any more than 3 minutes and her pain increases with walking. "The right knee no longer has any threat to instability by injured workers report." Stable right knee replacement is still inflamed and slowly resolving. The patellar dislocation event appears to be idiosyncratic and not predictive of the future patellar problems. Physician progress notes dated 06-28-2015, 08-01-2015 and 09-08-2015 documents the injured worker has complaints of popping of her right knee replacement and it has occurred at least two times this past month. She saw the orthopedic surgeon and he wants to wait until scar tissue builds up around the implant, and will need surgery. Her left knees pain is increasing and she is now fearful of having the left knee done. She has insomnia secondary to pain. Medications are helpful in alleviating some of her symptoms. Right knee range of motion is limited. She is in a hinged brace. Her left knee is tender to palpation over the posteromedial and lateral ligament line. There is positive joint effusion. There is positive McMurray's sign. She is not working. Treatment to date has included diagnostic studies, medications, right knee surgery, a knee brace, and physical therapy. Current medications include Ultram, topical creams, Lunesta, Fexmid, Nalfon, Prilosec, Norco (since at least 01-12-2015), and Ultram ER. The Request for Authorization dated 09-08-2015 includes Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #120 and Soma (Carisoprodol) (first found with this request) 350mg

#90, Nalfon #90, Prilosec 20mg #90, a referral for post-operative rehabilitation, Home health care, and urine toxicology test. On 10-01-2015 Utilization Review non-certified the request for Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #120, and Soma (Carisoprodol) 350mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone Bitartrate and Acetaminophen) 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function (same as 5 months prior). There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Soma (Carisoprodol) 350mg #90: 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: According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was combined with Norco for several, which increases side effect risks and abuse potential. There was not significant improvement in pain or function. The use of SOMA is not medically necessary.