

Case Number:	CM15-0089202		
Date Assigned:	05/13/2015	Date of Injury:	10/02/1991
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female who sustained an industrial injury on October 2, 1991. Previous treatment includes left and right total knee replacement, imaging of the bilateral knees, and arthroscopic debridement of bilateral knees, orthotics, and physical therapy. Currently the injured worker complains of bilateral knee pain. She describes the pain as aching, decreased range of motion, pain with movement and stiffness. She rates the pain a 9 on a 10 point scale and describes the pain as aching, burning, disabling, radiating, shooting, tender, pulling, popping and swelling. On examination, the injured worker shows a marked decreased in range of motion and laxity to the right knee. She has soft tissue swelling with modest injection without streaking or exudate. She has reported substantial benefit with her medications and estimates a 60% improvement in her pain as related to the medications. Weaning of the medications has been attempted and resulted in increased pain, suffering and decreased functional capacity. Diagnoses associated with the request include status post left total knee replacement with poor surgical outcome and knee pain. The treatment plan includes Colace, Duragesic, gabapentin, and Norco, Soma, Zanaflex and laboratory values: Urine drug screen, CMP, CBC, ESR and CRP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Metabolic Panel (CMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.cigna.com/healthwellness/hw/medical-topics/comprehensive-metabolic-panel-tr6153).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus at <http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>.

Decision rationale: The patient has persistent bilateral knee pain. The current request is for a Comprehensive Metabolic Profile. The treating physician does not discuss the medical necessity for this request. MTUS and ODG do not discuss CMP testing. Online search for CMP at MedlinePlus at <http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm> states that A comprehensive metabolic panel is a group of blood tests. They provide an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy. The resource also states that this test will give your doctor information about: How your kidneys and liver are working; Blood sugar, cholesterol, and calcium levels; Sodium, potassium, and chloride levels (called electrolytes); Protein levels. Your doctor may order this test during a yearly exam or routine checkup. In this case, there is no medical rationale provided to support this request. The current request is not medically necessary.

Zanaflex 4 mg Qty 120 (in office dispense): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - non sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67.

Decision rationale: The patient has persistent bilateral knee pain. The current request is for Zanaflex. Zanaflex is a short-acting muscle relaxer. The MTUS guidelines state, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is nothing in the records to suggest an acute exacerbation and there is no documentation of prior functional improvement with this medication as required on page 60 of MTUS. As such, the current request is not medically necessary.

Norco 10/325 mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has persistent bilateral knee pain. The current request is for Norco According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the current request is not medically necessary.

Soma 350 mg Qty 120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines: Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The patient has persistent bilateral knee pain. The current request is for Soma (carisoprodol). The MTUS indicates that Soma is "Not recommended." This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. 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). As of January 2012, carisoprodol is scheduled by the DEA as a Schedule IV medication. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. There is no indication that this medication is being used for short-term management. The documentation does not establish medical necessity. As such, the current request is not medically necessary.