

Case Number:	CM15-0089519		
Date Assigned:	05/13/2015	Date of Injury:	04/15/2013
Decision Date:	06/15/2015	UR Denial Date:	04/09/2015
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, 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:

This 35 year old female sustained an industrial injury to the right knee on 4/13/13. Previous treatment included magnetic resonance imaging, right knee arthroscopy with lateral release and patellar realignment (6/16/14), physical therapy, injections and medications. Magnetic resonance imaging right knee (9/30/14), showed a small effusion with evidence of prior arthroscopy. In a progress note dated 3/13/15, the injured worker complained of pain 6/10 on the visual analog scale to the right knee. The injured worker was seen on an emergency basis because she ran out of medication and was having difficulty getting approval for follow-up appointments. The injured worker reported that medications help improve her activity level, allowing her to walk longer and perform activities of daily living with less pain. The injured worker noted 60% benefit with medications. The injured worker reported that the elevated of medications following physical therapy helped improve her pain. Past medical history was significant for supraventricular tachycardia. Current diagnoses included knee pain, chronic pain syndrome, long-term medication use, therapeutic drug monitoring and knee osteoarthritis. The treatment plan included weaning Percocet to twice a day for two weeks, than daily for two weeks and tapering Soma 350mg once a day for two weeks than ½ per day for 10 days, laboratory studies and requesting authorization for Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg mg #20 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 diagnoses are knee pain; chronic pain syndrome; encounter for long-term use other medications; encounter with therapeutic drug monitoring, and knee osteoarthritis. A progress note dated November 24, 2014 shows the treating provider prescribed both Percocet 10/325 mg and Soma 350 mg. The injured worker failed a previous trial with Zanaflex and Flexeril. The total time duration is not documented in the record. The most recent progress note in the medical record is dated March 13, 2015. The treating provider is still prescribing Soma and Flexeril. Soma is indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of back pain. Additionally, the treating provider prescribed Soma 350mg in excess of four months. The guidelines recommend short-term (less than two weeks). The treating provider exceeded the recommended guidelines. Consequently, absent compelling clinical documentation to support ongoing Soma in excess of the recommended guidelines for short-term use, Soma 350mg mg #20 is not medically necessary.

Percocet 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg # 45 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 by the 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 diagnoses are knee pain; chronic pain syndrome; encounter for long-term use other medications; encounter with therapeutic drug monitoring, and knee osteoarthritis. A progress note dated November 24, 2014 shows the treating provider prescribed both Percocet 10/325 mg and Soma 350 mg. There was no documentation demonstrating objective functional improvement. There were no risk assessments and no detailed pain assessments. A utilization review (certification # 101094) shows Percocet 10/325 mg was not approved in January 20, 2015. There was an attempt to wean Percocet prior to utilization review. Additional Percocet use is not clinically indicated. Consequently, absent clinical documentation with objective functional improvement to support ongoing Percocet, no risk assessment, no detailed pain assessment with an attempt to wean Percocet, Percocet 10/325mg # 45 is not medically necessary.