

Case Number:	CM14-0131216		
Date Assigned:	09/19/2014	Date of Injury:	08/13/2003
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 53-year-old male with a 8/13/03 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/31/14, the patient stated that his hips felt more sore with his new knee brace. He reported constant 4-6/10 throbbing pain in both knees, 7/10 pain in left hip, and 6/10 pain in left lower back. Objective findings: limited lumbar range of motion, antalgic gait, tenderness and spasm in left SI joint, tenderness in left middle back, left low back, left buttocks. Diagnostic impression: sprain/strain of cruciate ligament of knee, lumbar sprain/strain, meniscus tear, trachenteric bursitis. Treatment to date: medication management, activity modification. A UR decision dated 8/7/14 modified a request for Norco from 180 tablets to 120 tablets to initiate a weaning process and denied the request for Soma. Regarding Norco, there is no documented symptomatic or functional improvement from its previous usage. Regarding Soma, there are no documented spasms on the physical exam and guidelines do not recommend long-term use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #60 was not medically necessary.

Soma 350mg #120: 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 Page(s): 29,65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. According to the records reviewed, this patient has been on Soma since at least 4/10/14, if not earlier. Guidelines do not support the long-term use of Soma. In addition, there is no documentation that the patient has had an acute exacerbation of his pain. Furthermore, the patient is also taking Norco, and guidelines do not support the concurrent use of opioids and Soma. Therefore, the request for Soma 350mg #120 was not medically necessary.