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| Case Number: | CM14-0182777 | | |
| Date Assigned: | 11/07/2014 | Date of Injury: | 06/01/2013 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 10/14/2014 |
| Priority: | Standard | Application Received: | 11/03/2014 |

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and elbow pain reportedly associated with an industrial injury of June 1, 2013. Thus, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with an anterior cruciate ligament tear; earlier knee surgery; lumbar facet blocks; and opioid therapy. In a Utilization Review Report dated October 13, 2014, the claims administrator failed to approve a request for Norco and Soma. The claims administrator stated that its decision was based on an October 7, 2014 Request for Authorization (RFA) form and associated September 30, 2014 progress note, neither of which was seemingly incorporated into the independent medical review packet. The applicant's attorney subsequently appealed. The applicant did undergo knee arthroscopy, partial lateral meniscectomy, synovectomy, and chondroplasty procedure on July 2, 2014. In an April 18, 2014 progress note, it was noted that the applicant was severely obese individual, standing 5 feet 1 inches tall, and weighing 263 pounds. The applicant did have comorbidities including diabetes, it was noted. In a July 14, 2014 progress note, the applicant was placed off of work, on total temporary disability, for the next six weeks, while a knee surgery was pending. The applicant was asked to continue Norco and baclofen. On September 16, 2014, the applicant again reported 7-8/10 low back and knee pain, exacerbated by activities such as lifting, kneeling, bending, squatting, standing, walking, some two and half months removed from the date of knee surgery. Naprosyn was renewed while the applicant was placed off work, on total temporary disability.

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 Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy in the September 16, 2014 progress note, referenced above. While it is acknowledge that the September 30, 2014 progress note and October 7, 2014 RFA form in which the articles in question were sought were seemingly not incorporated into the independent medical review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

Soma 350mg #30: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol) is not recommended for chronic or long term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is concurrently using an opioid agent, Norco. Adding carisoprodol or Soma to the mix was/is not recommended. While it is acknowledged that the September 30, 2014 progress note and associated October 7, 2014 RFA form in which the articles in question were sought were not incorporated into the independent medical review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.