MAXIMUS Federal Services

Case Number:	CM14-0183913		
Date Assigned:	11/10/2014	Date of Injury:	09/24/2013
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/04/2014

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:

Injured worker is a male with date of injury 9/24/2013. Per primary treating physician's progress report dated 9/16/2014, the injured worker complains of pain in the neck, mid back, low back, right knee and right lower extremity. He recently began physical therapy and reports some mild improvement. He continues to have significant pain to his right calf muscle and right knee. He continues to utilize his cane to assist for ambulation secondary to his painful condition. On examination there is spasm about the bilateral trapezial areas. He complains of pain with motion of the cervical spine. There is point tenderness upon palpation about the paraspinal region of the cervical spine. Range of motion of the cervical spine is reduced in all planes. The injured worker complains of increased pain with motion of the thoracolumbar spine. There is tenderness about the lower lumbar region. Straight leg raise test is positive on the right. Range of motion of the thoracolumbar spine is flexion 40 degrees, extension 20 degrees, lateral bends 25 degrees bilateral. There is a mild effusion present at the right knee. Clicking and popping are elicited throughout motion and there is point tenderness along the medial and lateral joint line. McMurray's test is positive, and Apley's test is positive for the right knee. Right knee flexion is reduced at 115 degrees. Plantar flexion on the right is weak with continued pain at the medial gastrocnemius muscle with motion of the right ankle and right knee. The right ankle reveals generalized laxity upon anterior valgus and varus stressing. There is mild effusion and tenderness across the joint line of the right ankle. Strength testing of the EHL is 4/5 on the right. There is decreased sensation at the bilateral upper extremities and in the quadriceps area at the midline of the femur on the right. Diagnoses include: 1) disc bulge, cervical spine, multilevel 2) disc bulge, lumbar spine, multilevel 3) contusion, right knee, with sprain/strain and chondral injury 4) ligament injury, right ankle, with sprain/strain 5) puncture wound, right gastrocnemius, with scar tissue formation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walking cane: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis chapter, Walking Aids section

Decision rationale: The requesting physician explains that the cane the injured worker is currently using is broken and non-functional. The MTUS Guidelines do not address the use of canes. The ODG does recommend the use of canes to reduce pain associated with osteoarthritis. Although the injured worker is reported as using a cane due to pain, the medical reports do not provide evidence that the use of a cane is necessary. The injured worker has 5/5 strength in the right lower extremity with the exception of EHL which is 4/5. Medical necessity of this request has not been established. Therefore, the request for walking cane is determined to not be medically necessary.

Norco 10/325mg #60: 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 Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam.The medical reports do not provide evidence of functional improvement with the use of Norco. There is no report of significant pain reduction or improvement in quality of life with the use of Norco. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment.The request for Norco 10/325mg #60 is determined to not be medically necessary.

Soma 350mg #60: 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 Carisoprodol (Soma) section, Weaning of Medications section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means.The request for Soma 350 mg #60 is determined to not be medically necessary.