MAXIMUS Federal Services

Case Number:	CM15-0015744		
Date Assigned:	02/03/2015	Date of Injury:	04/02/1999
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/27/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 71 year old male, who sustained an industrial injury on 4/2/1999. He has reported bilateral knee pain. The diagnoses have included end stage osteoarthritis of left knee, right and left knee pain post replacement, depression and insomnia. Treatment to date has included left total knee replacement, right total knee replacement, physical therapy, oral pain medications, home exercise program and lumbar surgery. Currently, the injured worker complains of right knee pain with clicking, left knee pain worse with kneeling, total left knee replacement (12/3/12), depression due to pain and difficulty sleeping due to knee pain. Physical exam dated 12/8/14 revealed right knee swelling, clicking/popping noted with range of motion and left knee with minimal swelling.On 12/29/14 Utilization Review non-certified Soma 350 #60, noting it was previously tapered and recommendations do no support long term use and Percocet 10/325mg # 90 modified to #38, noting opioids should be discontinued if there is no evidence of functional improvement and decreased pain; modified for weaning. The MTUS, ACOEM Guidelines, was cited.On 1/21/15, the injured worker submitted an application for IMR for review of Soma 350 #60 and Percocet 10/325mg # 90 modified to #38.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These 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 frameworkThe patient has been using oipiods for long period of time without recent documentation of full controle of pain and without any documentation of fuctional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore the prescription of 1 prescription for Percocet 10/325mg #90 is not medically necessary.

1 prescription of Soma 350 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of spasm and the prolonged use of Soma is not justified.The request for Soma 350mg #60 is not medically necessary.