

<b>Case Number:</b>	CM15-0110806		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female, who sustained an industrial injury on 8/06/2013. Diagnoses include meniscus tear knee, status-post surgical, and patellofemoral syndrome. Treatment to date has included diagnostics, surgical intervention (left knee partial lateral menisectomy and synovectomy on 8/04/2014), physical therapy, cognitive behavioral therapy and medications including Norco, Soma, Tramadol and Voltaren gel. Per the Primary Treating Physician's Progress Report dated 5/04/2015, the injured worker reported left knee pain rated as 4/10. She reported no change in symptoms. Physical examination revealed tenderness to palpation of the anterior tibia, medial femoral condyle and retro patellar space. The plan of care included medications and authorization was requested for Norco 10/325mg and Soma 350mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325 mg #150 (5/4/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, 80-81, 76, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. The provider does write that "Norco is helpful for pain", but there is no report of quantifiable subjective or objective improvement. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary.

**Retrospective Soma 350 mg #30 (5/4/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 24, 29, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64-66.

**Decision rationale:** Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. The injured worker is being treated for left knee pain and not lower back pain and as such muscle spasm is most likely not a major component of her pain symptoms. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being medically necessary at this time.