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| Case Number: | CM15-0068530 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 01/07/2005 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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, Alabama, 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 66 year old male, who sustained an industrial injury on 1/07/2005, while employed at a lumber mill. The injured worker was diagnosed as having osteoarthritis, unspecified whether generalized or localized, involving unspecified site, knees, chronic joint pain involving lower leg, bilateral knee arthropathy, posttraumatic stress disorder, diabetes, and other specified disorders of bursae and tendons in the shoulder region. Treatment to date has included bilateral knee replacements and medications. Currently, the injured worker complains of knee pain and arthritis, rated 4-7/10. Current medication use included Celebrex (issued 6/30/2014), Carisoprodol (issued 11/02/2012), and Hydrocodone/Acetaminophen (issued 11/02/2012). His body mass index was 31.8% and he was retired. The previous progress notes, dated 12/23/2014 and 10/30/2014, did not document pain levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

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

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and 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. 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 framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 7.5/325mg #90 is not medically necessary.

Celebrex 200mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications Page(s): 27-30.

Decision rationale: According to MTUS guidelines, Celebrex is indicated in case of back, neck and shoulder pain especially in case of failure or contraindication of NSAIDs. There is no clear documentation that the patient failed previous use of NSAIDs. There is no documentation of contra indication of other NSAIDs. There is no documentation that Celebrex was used for the shortest period and the lowest dose. The patient continued to report back and neck pain. Therefore, the prescription of Celebrex 200mg #30, with 3 refills is not medically necessary.

Soma 350mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Non-Sedating Muscle Relaxants.

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

Decision rationale: According to MTUS guidelines, non sedating muscle relaxants is recommended 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. According to the provided file, the patient was prescribed Soma for a long time without clear evidence of spasm or functional improvement. There is no justification for prolonged use of Soma. The request for Soma 350mg #30, with 3 refills is not medically necessary.