

<b>Case Number:</b>	CM15-0072475		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: Texas, New York, California

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of August 7, 2012. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve requests for Norco, Soma, and knee MRI imaging. The claims administrator referenced an RFA form received on March 11, 2015 as well as a progress note of March 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a March 11, 2015 RFA form, knee MRI imaging, twelve sessions of aquatic therapy, morphine, Norco, and Soma were requested. In an associated progress note of March 5, 2015, the applicant presented with low back and lower extremity pain. The applicant was not working. The applicant was using extended release morphine twice daily and Norco every five to six hours, it was acknowledged. 8/10 pain complaints were reported, with medications. The applicant's medication list included Soma, morphine, and Norco, it was acknowledged. The applicant did exhibit tenderness about the knee medial joint line as well as the lateral joint line. No signs of instability were appreciated. A slightly antalgic gait was noted. MRI imaging of the knee, aquatic therapy, and Soma were endorsed. It was not stated how the knee MRI would influence or alter the treatment plan. The requesting provider was a physiatrist, it was incidentally noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right knee MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

**Decision rationale:** No, the request for a knee MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, pages 335 and 336 do acknowledge that knee MRI imaging can be employed to confirm a variety of diagnoses, including suspected meniscal tears, collateral ligament tears, cruciate ligament tears, patellar tendinopathy, etc., ACOEM qualifies its position by noting that MRI testing is typically indicated only if surgery is being considered or contemplated. Here, however, the March 5, 2015 progress note contained no mention or references to the applicant's actively considering or contemplating any kind of surgical intervention involving the knee. The requesting provider was a physiatrist, not a knee surgeon, diminishing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

**Norco 10-325mg #160:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged, on March 5, 2015. The attending provider's reports of 8/10 pain with medications suggested, moreover, that ongoing usage of Norco was not, in fact, effectual. The attending provider likewise failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants.

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

**Decision rationale:** Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is "not recommended" and not intended for long-term use purposes. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines cautions against combining Soma with opioid agents. Here, the applicant was, in fact, using two opioids, morphine and Norco. Adding carisoprodol or Soma to the mix was not indicated. Therefore, the renewal request for Soma was not medically necessary.