

Case Number:	CM14-0151665		
Date Assigned:	09/30/2014	Date of Injury:	05/25/2001
Decision Date:	11/04/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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:

The applicant is a represented [REDACTED], Incorporated employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of May 25, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; earlier total knee arthroplasty surgery; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated August 22, 2014, the claims administrator failed to approve request for Carisoprodol, Norco, and Oxycontin. The applicant's attorney subsequently appealed. In a January 29, 2014 progress note, the applicant reported persistent complaints of knee and shoulder pain. It was stated that the applicant had a good, partial response to medications. Oxycontin, Klonopin, Norco, Soma, and various topical agents were endorsed. On February 28, 2014, authorization was sought for assistance with activities of daily living, both with housework and with care the applicant's yard. The applicant underwent a total knee arthroplasty procedure involving the left knee on May 15, 2014. In a June 13, 2014 progress note, the applicant's primary treating provider stated that the applicant's knee replacement was doing okay, but remains still swollen and inflamed. Physical therapy was sought at that point. The primary treating provider stated that he was leaving medications selection to the applicant's pain management physician. On September 16, 2014, the applicant was placed off of work, on total temporary disability through December 15, 2014 owing to issues of chronic knee pain and chronic pain syndrome. Oxycodone was apparently renewed. In a later note dated August 15, 2014, it was suggested that the applicant was a week removed status post another knee replacement. Oxycontin was again sought. On May 28, 2014, the applicant again reported bilateral knee discomfort. The applicant was using Soma, Klonopin, and Norco as of that point in time, it was noted. The applicant was again placed off of work, on total temporary disability.

It was again stated in another section of the report that the applicant was using Oxycodone in addition to Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant has, in fact, been using Carisoprodol or Soma for what appears to be a span of several months in conjunction with Oxycontin and Norco. This is not an MTUS-endorsed role for the same. Therefore, the request is not medically necessary.

Oxycontin 40mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/Oxycontin Page(s): 92.

Decision rationale: As noted on page 92 of the MTUS Chronic Pain Medical Treatment Guidelines, Oxycontin tablets are indicated in the management of moderate-to-severe pain where a continuous around the clock analgesic is needed for an extended amount of time. In this case, the request in question was seemingly initiated approximately one week after the applicant underwent a recent total knee arthroplasty procedure in August 2014. Ongoing usage of Oxycontin was indicated on or around the date in question, as the applicant could reasonably or plausibly expected to have pain at the moderate-to-severe level so soon removed from the date of the knee surgery. Therefore, the request was/is medically necessary. While this is, strictly speaking, a postoperative request as opposed to chronic pain case, MTUS 9792.23.b2 does stipulate that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guideline found within the MTUS. Since page 92 of the MTUS Chronic Pain Medical Treatment Guidelines did address the need for Oxycontin postoperatively, it was therefore invoked and the request is medically necessary.