

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0010160 |                              |            |
| <b>Date Assigned:</b> | 11/06/2013   | <b>Date of Injury:</b>       | 01/17/1997 |
| <b>Decision Date:</b> | 01/16/2014   | <b>UR Denial Date:</b>       | 07/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 68-year-old female who reported an injury on 01/17/1997. The patient is currently diagnosed with bilateral knee pain secondary to osteoarthritis and chronic opioid use. The patient was recently evaluated by [REDACTED] on 09/13/2013. Physical examination revealed minimal tenderness over the right lateral knee joint, no swelling or crepitus noted, absent deep tendon reflexes at the knees, 1+ reflexes at the ankles bilaterally and intact motor and sensory examinations. Recommendations included the continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg #50:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section, Weaning of Medications Section Page(s): 63-66 & 124.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second-line options for short-term treatment. Soma is not recommended to be used for longer than a 2 to 3 week period. Tapering should be individualized for each patient. As per the clinical notes submitted, the patient does not demonstrate palpable muscle spasm or

muscle tension that would warrant the need for a muscle relaxant. There was no evidence of a failure to respond to first-line treatment prior to the initiation of a second-line muscle relaxant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. As per the clinical notes submitted, the patient has continuously utilized this medication. The patient continues to report bilateral knee pain despite the ongoing use. Satisfactory response to treatment has not been indicated by a decrease in pain or increase in level of function. Furthermore, the California MTUS Guidelines do not recommend 1 drug in this class over another based on efficacy. There is no indication that this patient has failed to respond to previous over-the-counter NSAID medications or acetaminophen prior to the initiation of a COX-2 NSAID. Based on the clinical information received, the request is non-certified.

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, the patient has been continuously utilizing this medication. Despite the ongoing use, the patient continues to report bilateral knee pain. Satisfactory response to treatment has not been indicated by a decrease in pain, increase in function or overall improved quality of life. Therefore, continuation of this medication cannot be determined as medically appropriate. Additionally, there is no evidence of a failure to respond to nonopioid analgesics prior to the initiation of an opioid. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

