

Case Number:	CM13-0015926		
Date Assigned:	10/10/2013	Date of Injury:	05/31/2001
Decision Date:	01/17/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 05/31/2001. The patient has complaints of low back and left sacroiliac region, as well as bilateral knee pain, shoulder pain, GI upset with medications, depression, and difficulty sleeping. The patient has 0 degrees to 110 degrees of right knee range of motion with positive McMurray's. X-rays of the right knee were noted to have revealed end stage arthritis. The patient is being recommended for medication management and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI), right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: ACOEM guidelines state that "Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-

positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." The current request for MRI of the right knee is not supported at this time. The request for MRI was requested by the patient's primary care physician; however, the provider treating the patient's right knee, Dr. Simonian, has not recommended an MRI of the right knee. The patient was recommended for medication management and injections. Therefore, MRI of the right knee would not be warranted at this time. Given the above, the request is non-certified.

Vicodin, refills x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: CA MTUS states that "The 4 A's for Ongoing Monitoring: 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 nonadherent) 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 for documentation of the clinical use of these controlled drugs." The documentation submitted for review fails to indicate the patient has any significant pain relief and/or objective functional improvement to support ongoing use of Vicodin. Furthermore, there is lack of documentation of consistent random urine drug screens to support ongoing use of Vicodin. As such, the request for Vicodin refills x3 is non-certified.

Soma 350mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that "This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance)." The documentation submitted for review indicates the patient has been utilizing Soma since at least 04/2012. Guidelines do not recommend the use of Soma for long-term use. Furthermore, there is lack of

documentation of recent muscle spasms to warrant the use of this medication. As such, the request for Soma 350 mg #120 is non-certified.

Soma refills x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that "This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance)." The request for Soma is not supported as the patient has been utilizing this medication long-term. The concurrent request for Soma was found to be non-certified. Therefore, the need for 3 refills is likewise non-certified.

Voltaren 1% 100gm tube:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-1112.

Decision rationale: CA MTUS states that Voltaren Gel is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The documentation submitted for review does indicate that the patient has arthritis of the knee. However, guidelines state topical NSAIDs have diminished efficacy after 2 weeks post injury. The patient has been utilizing the medication for approximately 2 years. The patient would not require ongoing use of Voltaren gel at this time. As such, the request is non-certified.

Voltaren 1%, refills x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: CA MTUS states that Voltaren Gel is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." As the request for

Voltaren gel was non-certified, the request for 3 refills would not be warranted. As such, the request is non-certified.

Cidaflex 500/200/150mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Cidaflex contains glucosamine and chondroitin. CA MTUS states that glucosamine and chondroitin sulfate are "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The documentation submitted for review does indicate the patient has osteoarthritis of the knee. However, the patient has been utilizing this medication for approximately 2 years. The notes failed to document any significant pain relief or objective functional improvement to support ongoing use at this time. Therefore, the request is non-certified.

Cidaflex refills x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Cidaflex contains glucosamine and chondroitin. CA MTUS states that glucosamine and chondroitin sulfate are "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." As the concurrent request for Cidaflex was non-certified, the need for 3 refills would not be warranted. Given the above, the request is non-certified.