

Case Number:	CM14-0003852		
Date Assigned:	02/03/2014	Date of Injury:	03/23/1990
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in 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 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 patient is a 57 year old female who sustained an injury on March 23, 1990. The mechanism of injury was not specified. The patient has been followed for ongoing complaints of chronic right knee pain that increases with physical activity. The patient is noted to have had 2 prior right knee arthroscopies in the past. The patient has been treated with multiple medications for ongoing chronic pain. Previous urinary drug screens from April of 2013 showed inconsistent findings for Benzodiazepines as well as Amphetamines such as Adderall which were not prescribed medications. Urinary drug screens did show positive findings for narcotic medications to include Hydrocodone. The most recent urinary toxicology report from October 17, 2013 reported positive findings for alcohol as well as opioids to include Hydrocodone. The patient continued to have positive findings for Amphetamines. The patient was seen on December 17, 2013 for ongoing complaints of right knee pain with any activity. The patient had been scheduled for acupuncture therapy; however, this was not approved through insurance. The patient reported difficulties with ambulation and reported pain 5/10 on the VAS. Medications to include Hydrocodone, Diclofenac, Cymbalta, Gabapentin, and Flexeril were continued at this visit. Hydrocodone 20mg, diclofenac 75mg, #60, cymbalta 60mg, #1, gabapentin 100mg, #60, and flexeril 5mg, #120 have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 20MG (WITHOUT ACETAMINOPHEN), #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 80-81

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIATES, CRITERA FOR USE, PAGE 88-89

Decision rationale: The patient is noted to have had multiple inconsistent urinary toxicology screens. The patient has been noted to have positive findings for non-prescribed Amphetamines such as Adderall as well as Benzodiazepines. More recent urinary drug screen findings showed positive findings for alcohol use. There was a lack of any evidence regarding functional benefit or pain reduction obtained with the use of Hydrocodone as well as the patient's multiple inconsistent urinary drug screen findings. The request is not medically necessary.

DICLOFENAC 75MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, PAGE 67

Decision rationale: The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. The request is not medically necessary.

CYMBALTA 60MG, #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 15

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-DEPRESSANTS FOR CHRONIC PAIN, PAGE 13-16

Decision rationale: The patient presents with ongoing chronic musculoskeletal pain in the right knee. Cymbalta is an FDA approved medication for chronic musculoskeletal pain. Given the

patient's persistent right knee pain that has essentially failed most if not all treatment, the request is medically necessary.

GABAPENTIN 100MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 18-19, 49, 113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIEPILEPSY DRUGS, PAGE 16-22

Decision rationale: The patient's clinical documentation does not support the presence of any type of neuropathic condition that would have supported the use of this 1st line medication. The patient did not present with any objective findings consistent with either radiculopathy or peripheral neuropathy in the lower extremities. The patient's primary complaint is of chronic musculoskeletal right knee pain. This is not an indication for the use of Gabapentin. The request is not medically necessary.

FLEXERIL 5MG, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 64-66

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, PAGE 63-67

Decision rationale: Chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. The request is not medically necessary.