

<b>Case Number:</b>	CM14-0014857		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/08/2003
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 patient is a 51-year-old male who has filed a claim for left knee osteoarthritis associated with an industrial injury date of July 08, 2003. A review of progress notes indicates acute exacerbation of left knee pain with swelling. Findings include decreased range of motion, minimal muscle atrophy, moderate effusion, and tenderness over the patellofemoral and tibiofemoral joint lines. Treatment to date has included NSAIDs, muscle relaxants, opioids, knee bracing, Orthovisc, and cryotherapy. Utilization review from January 29, 2014 denied the requests for Baclofen, Diclofenac, and Norco as the intended dosage and quantity request were not indicated; and for Methotrexate as there was no documentation indicating cancer or major inflammatory conditions in this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACLOFEN (UNSPECIFIED DOSAGE/QUANTITY):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** As stated on California MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is recommended orally for treatment of spasticity and muscle spasms related to multiple sclerosis and spinal cord injuries. There is no documentation as to when this patient was started on this medication. In this case, the patient does not present with muscle spasms to support the request for this medication. The requested dosage quantity is not specified. Therefore, the request for Baclofen was not medically necessary.

**NORCO (UNSPECIFIED DOSAGE/QUANTITY):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation regarding when the patient was started on this medication. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. The requested dosage and quantity is not specified. Therefore, the request for Norco was not medically necessary.

**METHOTREXATE (UNSPECIFIED DOSAGE/QUANTITY):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Methotrexate).

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, indications for use of methotrexate include neoplastic diseases, psoriasis, and rheumatoid arthritis. There is no documentation as to when the patient was started on this medication. In this case, there is no documentation that the patient has the abovementioned conditions. The requested dosage and quantity is not specified. Therefore, the request for methotrexate was not medically necessary.

**DICLOFENAC (UNSPECIFIED DOSAGE/QUANTITY):** 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 NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. There is no documentation as to when the patient was started on this medication. However, there is no documentation of objective functional benefits derived from this medication. The requested dosage and quantity is not specified. Therefore, the request for Diclofenac was not medically necessary.