

Case Number:	CM14-0016231		
Date Assigned:	02/28/2014	Date of Injury:	09/23/2010
Decision Date:	06/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neurological Surgery 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 injured employee is a 61-year-old female who sustained a work-related injury on September 23, 2010 and is currently status post a left knee arthroscopy performed on May 26, 2011. Current diagnoses include left knee patellofemoral arthralgia, tricompartmental arthritis, a medial meniscal tear, medial and lateral epicondylitis of the left elbow with a partial tear of the common extensor tendon, a lumbar spine sprain/strain, and venous insufficiency of the bilateral lower extremities. A note, from the treating physician dated March 11, 2014, stated that the injured employee complained of left knee pain and instability and that Norco helped with the patient's mobility and activities of daily living. The physical examination of the left knee noted tenderness in the peripatellar region and decreased range of motion. There was tenderness of the left elbow medial and lateral epicondyle and edema of the mobile wad. A Synvisc injection for the knee and a cortisone injection for the elbow were recommended. The injured employee complained of side effects from Norco in the p.m. The treating physician indicated that the requested medications were necessary to provide comfort to the injured employee and that nor reduced the injured employee's pain from 9/10 to 4/10. Prevacid was prescribed due to gastrointestinal upset from Celebrex and Norco. It was also stated that Ambien was prescribed for etiology based insomnia due to pain and that Flexeril is needed as an adjunct for pain control. Voltaren gel was also prescribed as an adjunct to oral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR NORCO 5/325 MG #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, OPIOIDS FOR CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26, Opioids for chronic.

Decision rationale: While the medical record states that the injured employee does have decreased pain and increased activity while taking Norco, California MTUS chronic pain medical treatment guidelines do not endorse the use of Norco as first-line therapy for osteoarthritis. There should be documented failure of other first-line medications. The injured employee is stated to be taking Celebrex, and Flexeril, which are stated, to help with the injured employee's pain. As there is no failure of treatment with these medications, this request for Norco is not medically reasonable and necessary. This request is not medically necessary.

ONE PRESCRIPTION FOR LANSOPRAZOLE 30 MG: 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, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26, NSAIDs, G.I. sympto.

Decision rationale: While gastrointestinal symptoms are common side effects from nonselective anti-inflammatories, this can be avoided with the use of a Cox-2 Selective agent such as Celebrex. The employee has restated to be taking Celebrex, and as the medication goes not certified, there should be no additional need for medication such as lansoprazole. Therefore, this request is not medically necessary.

ONE PRESCRIPTION FOR FLEXERIL 10 MG #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, MUSCLE RELAXANTS, CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26, Flexeril, Page(s):.

Decision rationale: According to the California MTUS, the use of Flexeril is only indicated as an option for a short course of therapy. This medication could continue to be used on an episodic, as needed basis for "flares" of pain as an adjunct to Celebrex. This request is not medically necessary.

ONE PRESCRIPTION FOR AMBIEN 10 MG #30: 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 Official Disability Guidelines (ODG): Pain (Chronic), updated June 10, 2014.

Decision rationale: Ambien is a short acting non-benzodiazepine hypnotic indicated for short-term usage of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. With these concerns and noting that the injured employee is already taking Celebrex and Flexeril for pain control. The request is not medically necessary.

ONE PRESCRIPTON FOR VOLTAREN GEL: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, .

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, the use of topical anti-inflammatories can be beneficial for osteoarthritis of the knee; however, this is recommended for short-term use. As with Flexeril, this medication could also be used on an episodic basis to help control the injured employee's knee pain. This request is not medically necessary.