

Case Number:	CM14-0168661		
Date Assigned:	10/16/2014	Date of Injury:	02/28/2013
Decision Date:	12/02/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family 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:

This is a 56 year old male patient who sustained a work related injury on 2/28/13. Patient sustained the injury due to slip and fall incident. The current diagnoses include left thigh hamstring injury with hematoma and probable fluid collection at the present time and internal derangement left knee and question right knee. Per the doctor's note dated 09/18/14, patient has complaints of bilateral knee pain. Physical examination of the lumbar spine revealed patient could walk on heels, could not walk on toes, range of motion was restricted with flexion limited to 80 degrees, normal extension. On examination of the bilateral hips, no erythema, swelling, atrophy or deformity, no limitation in flexion, extension, adduction, abduction, internal rotation or external rotation, tenderness over the insertion of hamstrings and groin of the left hip. On examination of the right knee, old laceration scar, range of motion was restricted with flexion limited to 95 degrees limited by pain, tenderness to palpation over the medial joint line, moderate effusion in the right knee joint. On examination left knee no limitation in flexion, extension, internal rotation or external rotation, tenderness to palpation over the lateral joint line and medial joint line and negative all special tests The current medication lists include Flexeril, Norco and Voltaren The patient has had MRI of the left knee dated 4/19/13, that revealed at the patella-femoral joint compartment, there was half width chondral defect at the medial facet of the patella measuring approximately 5-6 mm with corresponding full-width chondral defect at the trochlear surface of the medial femoral condyle measuring approximately 5-6 mm; MRI dated 5/14/14, documented there was also degeneration in the anterior cruciate ligament and NCL moderate patella-femoral chondromalacia. The patient had received left knee steroid injection, with 50 percent pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril),NSAIDs,NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 41-42;68-.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition, for the use of skeletal, muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. "Cyclobenzaprine is recommended for a short course of treatment for back pain. This pt. did not have any evidence of back pain. This pt. had knee pain. The rationale for the use of muscle relaxants for knee pain was not specified in the records provided Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Furthermore as per cited guidelines skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Therefore, with this, it is deemed that, this patient does not meet criteria for ongoing continued use of Flexeril 7.5mg quantity 60. The medical necessity of Flexeril 7.5mg quantity 60is not established for this patient.

Norco 10-325mg tablet quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen (Norco) Page(s): 78-80, 91, 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with Acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use,

and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response about pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10-325mg tablet quantity 90 is not established for this patient.

Voltaren 1 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Voltaren Gel 1 percent (Diclofenac) Page(s): 1.

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

Decision rationale: Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient Diclofenac Diethylamide in the strength 11.6 mg/g (1.16% w/w) and non-medicinal ingredients include Carbomer, Cocoyl Caprylocaprate, Diethylamine, Isopropyl Alcohol, Liquid Paraffin, Macrogol Cetostearyl Ether, Perfume, Propylene Glycol, Purified Water. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Non-steroidal anti-Inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The medical necessity of Voltaren 1 percent 2-3 times a day is not established for this patient.