

<b>Case Number:</b>	CM14-0096146		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 39-year-old male with a date of injury of 08/14/2013. The ladder the injured worker was on slipped forward and came crashing down. The injured worker was diagnosed with lumbago and knee pain. Most recent clinical record submitted for review is dated 06/17/14. The injured worker underwent Right Knee Medial Meniscectomy in December 2013. A MRI of the right knee dated 05/14/14 showed status post partial Medial Meniscectomy, patellofemoral arthritis, osteoarthritis and irregularity of the remnant portion of the posterior horn of the medial meniscus. The MRI of the lumbar spine, on 05/20/14 visit showed an L5-S1 annular tear and mass effect on the S1 nerve root and moderate facet degeneration. He presented with knee pain located on the right, described as sharp pain, throbbing and aching. In addition, the injured worker reported back pain described as aching and constant. Pain scale is 8/10 on the visual analog scale with medication, and 10/10 without medication. Current medications are Lunesta, Norco, Celexa, Relafen, Sonata, Norco and Atenolol. On physical examination there is right knee swelling and presence of a scar. There is crepitus and tenderness to palpation. Range of motion revealed crepitus, decreased flexion, pain with flexion and decreased extension. There is spine tenderness at the lumbar spine, facet joints. There is positive crepitus. There is decreased flexion and extension, decreased lateral bending and decreased rotation. Left knee is tender at the joint line, crepitus with range of motion, decreased flexion, pain with flexion and extension. Diagnosis is low back pain, radiculitis lumbar spine, knee pain, facet arthropathy, cervical, thoracic or lumbar. Prior utilization review on 06/18/14 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 for date of service 5/20/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The documentation indicates a minimal decrease of pain score of approximately 1-2 points. As the clinical documentation provided (for review) does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for Norco 10/325mg #90 for date of service 5/20/14 is not medically necessary and appropriate .

**Celexa 20mg #30 for date of service 5/20/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is no indication in the documentation that the injured worker has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for Celexa 20mg #30 for date of service 5/20/14 is not medically necessary at this time.

**Sonata 10mg #60 for date of service 5/20/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Sedative hypnotics.

**Decision rationale:** As noted in the Official Disability Guidelines, Sonata is not recommended for long-term use, but recommended for short-term use. Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in

the chronic phase. The documentation indicates the injured worker was injured on 03/15/11 indicated the injury is no longer in the acute phase. As such, the request for Sonata 10mg #60 for date of service 5/20/14 is not medically necessary and appropriate.