

Case Number:	CM14-0167977		
Date Assigned:	10/15/2014	Date of Injury:	03/17/2014
Decision Date:	01/15/2015	UR Denial Date:	09/19/2014
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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

3/19/14 note reports pain in the knee with a history of 2 surgeries on the knee. Exam notes swelling of the right knee. Cruciate function was intact. There was no tenderness. Reflexes were 2/4 bilateral with sensation intact. There was not atrophy of muscles. 5/23/14 note reports pain in the knee. Injection given in knee was reported to be helpful. Medication refills were requested. Exam notes no restriction on range of motion of knee. There was no crepitus. There was tenderness to palpation over super lateral aspect of the knee and laterally over the iliotibial band.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine Cream (3%/15%) 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects,

absence of drug interactions, and no need to titrate. NSAID cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note use of ibuprofen orally and does not indicate any issue of non-tolerance or rationale for combining a topical NSAID with oral administration. There is no indication of a neuropathic pain condition. As such the medical records provided for review do not support use of NSAID cream congruent with MTUS guidelines. Therefore, the request is not medically necessary.

Ultram (Tramadol 50mg) #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, opioids

Decision rationale: ODG guidelines support opioids with: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported. Therefore the request is not medically necessary.

Soma (Carisoprodol 350mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol Page(s): 29.

Decision rationale: MTUS guidelines do not support long term use of Soma. The medical records provided for review do not indicate or document the degree of functional benefit in support of continued utilization. There is no indication of treatment failure with other standard therapy muscle relaxants or indication in regard to the insured to support mitigating reason soma should be used in the insured. Therefore the request is not medically necessary.