

<b>Case Number:</b>	CM14-0184814		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/30/2006
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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:

According to the records made available for review, this is a 51-year-old female with a 3/20/06 date of injury, and right knee arthroscopy on 6/28/13. At the time (6/9/14) of request for authorization for 30 Doral 15mg, 60 Carisoprodol 350mg, and 1 Viscosupplementation injection to the right knee, there is documentation of subjective (right knee pain) and objective (5/5 muscle strength of the knee, positive tenderness over the medial and lateral joint line, slight effusion noted on the right, and negative McMurray) findings, imaging findings (reported MRI of the right knee (6/2/14) revealed mild chondral narrowing in the lateral compartment, some chondral loss along the posterior aspect of the lateral compartment, and mild narrowing of the patellofemoral articular cartilage; report not available for review), current diagnoses (right knee early degenerative arthritis), and treatment to date (medications (including ongoing treatment with Anaprox, Doral and Carisoprodol), cortisone injection, and physical therapy). Regarding 30 Doral 15mg, there is no documentation of short-term (up to 4 weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Doral use to date. Regarding 60 Carisoprodol 350mg, there is no documentation of short-term (up to two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Carisoprodol use to date. Regarding 1 Viscosupplementation injection to the right knee, there is no documentation of a plain x-ray or arthroscopy findings diagnostic of osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Doral 15mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right knee early degenerative arthritis. In addition, there is documentation of ongoing treatment with Doral. However, given documentation of ongoing treatment with Doral, there is no documentation of short-term (up to 4 weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Doral use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request 30 Doral 15mg is not medically necessary.

### **60 Carisoprodol 350mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain); Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Carisoprodol (Soma) is not recommended and that this medication is not indicated for long term use. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of a diagnosis of right knee early degenerative arthritis. In addition, given documentation of ongoing treatment with NSAID, there is documentation that Carisoprodol is used as a second line treatment. However, there is no documentation of acute muscle spasms or acute exacerbations of chronic low back pain. In addition, given

documentation of ongoing treatment with Carisoprodol, there is no documentation of short-term (up to two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Carisoprodol use to date. Therefore, based on guidelines and a review of the evidence, the request for 60 Carisoprodol 350mg is not medically necessary.

### **1 Viscosupplementation injection to the right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of significantly symptomatic osteoarthritis that has not responded adequately to standard non-pharmacologic and pharmacologic treatments or is intolerant of these therapies; failure of conservative treatment (such as physical therapy, weight loss, non-steroidal anti-inflammatory medication, and intra-articular steroid injection); and plain x-ray or arthroscopy findings diagnostic of osteoarthritis, as criteria necessary to support the medical necessity of viscosupplementation injection. In addition, the guidelines identify that Hyaluronic injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of a diagnosis of right knee early degenerative arthritis. In addition, there is documentation of failure of conservative treatment (physical therapy, non-steroidal anti-inflammatory medication, and intra-articular steroid injection). However, despite documentation of medical report's reported imaging finding (MRI of the right knee identifying narrowing in the lateral compartment, some chondral loss along the posterior aspect of the lateral compartment, and mild narrowing of the patellofemoral articular cartilage), there is no documentation of a plain x-ray or arthroscopy findings diagnostic of osteoarthritis. Therefore, based on guidelines and a review of the evidence, the request for 1 Viscosupplementation injection to the right knee is not medically necessary.