

Case Number:	CM14-0194757		
Date Assigned:	12/02/2014	Date of Injury:	05/25/2001
Decision Date:	01/27/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 68-year-old male with an injury date of 05/25/01. Based on the 10/29/14 progress report, the patient complains of pain to the bilateral knees and shoulders. Patient is status post right total knee replacement 08/07/14, and left total knee replacement 05/15/14. Physical examination to the knees on 10/29/14 revealed inflammation in the left knee with heat, swelling and redness. Range of motion was reduced bilaterally. Reduced strength in the bilateral femoral nerves. Examination of the shoulders revealed suprascapular nerves with neurogenic atrophy bilaterally, and positive arm drop test. Per 10/29/14 treater report, patient is prescribed Keflex, Oxycontin, Norco, Soma, and Ambien CR. Carisoprodol has been prescribed previously in progress reports dated 06/25/14 and 10/01/14 for the "relief of painful muscular spasm." Hydrocodone has been prescribed in progress reports dated 10/01/14 and 10/29/14 for "breakthrough pain." Oxycontin was prescribed in progress reports dated 04/23/14 and 10/01/14 for the relief of generalized discomfort. Zolpidem was prescribed in progress report dated 05/28/14 for the relief of insomnia. Treater requests Cephalexin for the relief of inflammation. Patient is temporarily totally disabled. Surgeries:Right Knee 08/07/14 Osteoarthritis, status post right total knee replacementLeft Knee 05/15/14 Osteoarthritis, status post left total knee replacementX-Rays:Bilateral Knees 07/22/13 Asymmetric narrowing of medial joint compartment on right with lesser narrowing on the left. Mild patellofemoral compartment spurring bilaterally. Joint effusion on the right and possibly on the left.Diagnosis 10/29/14- Bilateral knee internal derangements with medial meniscal tears, status post left knee, arthroscopic surgery, and left knee replacement surgery status post right knee arthroscopic surgery and right knee replacement surgery. Associated femoral neuropathies.- Bilateral rotator cuff syndromes, status post arthroscopic surgical procedures with bilateral suprascapular neuropathies- Stress microfractures of the feet bilaterally with secondarily widely based analgic

gait affecting both feet and both ankles- Complex regional pain disorder right upper and right lower- Status post bilateral knees total knee replacement surgery - Chronic pain syndrome with idiopathic insomniaThe utilization review determination being challenged is dated 11/12/14. The rationale follows:1) CARISOPRODOL 350MG, #90 (PRN) - This medication is not indicated for long-term use.2) CEPHALEXIN 250MG, #90 (TID) - Insufficient documentation to warrant authorization for this medication for inflammation. There are risks associated with long-term antibiotic use.3) HYDROCODONE/APAP 10-325MG, #90 (PRN) - Recommended for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit. Insufficient documentation is provided. 4) OXYCONTIN 60MG, CR #90 (TID PRN) - Recommended for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit. Insufficient documentation is provided. 5) ZOLPIDEM 12.5MG, #30 (QHS PRN) - Long-term use is not recommended. There is no explicit documentation of current sleep disturbance, results of sleep behavior modification attempts or documentation of failed trials. Treatment reports were provided from 05/28/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Patient presents with pain to the bilateral knees and shoulders; and generalized discomfort. The request is for Carisoprodol 350mg, #90 (as needed). Patient is status post right total knee replacement 08/07/14, left total knee replacement 05/15/14, and status post arthroscopic surgical procedures with bilateral suprascapular neuropathies, dates unspecified. Patient's diagnosis on 10/29/14 included bilateral knee internal derangements with medial meniscal tears; associated femoral neuropathies; stress microfractures of the bilateral feet; bilateral rotator cuff syndromes; complex regional pain disorder right upper and right lower; and chronic pain syndrome with idiopathic insomnia. The patient is temporarily totally disabled.MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66:
"Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Carisoprodol has been prescribed in progress reports dated 06/25/14 and 10/01/14 for the "relief of painful muscular spasm." MTUS recommends Carisoprodol only for a short period. Carisoprodol was prescribed for more than 4 months from the UR date of 11/12/14. Furthermore, the request for a quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Cephalexin 250mg, #90: Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Center for Biotechnology Information

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: www.guidelines.gov, ASHP (the American Society of Health-System Pharmacists) Therapeutic Guidelines p586 (<http://www.ashp.org/surgical-guidelines>).

Decision rationale: The patient presents with pain in both knees, especially the left knee; and both shoulders and generalized discomfort. The request is for Cephalexin 250mg, #90 (3x a day). Patient is status post right total knee replacement 08/07/14, left total knee replacement 05/15/14, and status post arthroscopic surgical procedures with bilateral suprascapular neuropathies, dates unspecified. Patient's diagnosis on 10/29/14 included bilateral knee internal derangements with medial meniscal tears; associated femoral neuropathies; stress microfractures of bilateral feet; bilateral rotator cuff syndromes; complex regional pain disorder right upper and right lower; and chronic pain syndrome with idiopathic insomnia. The patient is temporarily totally disabled. For "Clean operations involving hand, knee, or foot and not involving implantation of foreign materials" - no antibiotics are required. Per ASHP (The American Society of Health-System Pharmacists) Therapeutic Guidelines page 586. (<http://www.ashp.org/surgical-guidelines>), and per www.guidelines.gov, the National Guideline Clearinghouse, Orthopedic Procedures: Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. (Strength of evidence against prophylaxis = C.) If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation. In this case, the request is for post-operative prophylactic antibiotics. Since the patient underwent knee replacement with hardware, the request is medically necessary.

Hydrocodone/APAP 10-325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: Patient presents with pain in both knees, especially the left knee; and both shoulders and generalized discomfort. The request is for Hydrocodone/APAP 10-325mg, #90 (as needed). Patient is status post-surgery left knee, arthroscopic surgery; bilateral total knee replacement surgery. Diagnosis includes bilateral knee internal derangements with medial meniscal tears; associated femoral neuropathies; stress microfractures of bilateral feet; bilateral rotator cuff syndromes, status post arthroscopic surgical procedures with bilateral suprascapular neuropathies; complex regional pain disorder right upper and right lower, and chronic pain syndrome with idiopathic insomnia. Per progress report dated 10/29/14, treater states that "He has had a good, but partial response to medication." Hydrocodone has been prescribed in

progress reports dated 10/01/14 and 10/29/14 for "breakthrough pain." The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs (activities of daily living), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not discussed how Hydrocodone relieves pain and how it significantly improves patient's activities of daily living. In addressing the four A's, treater has indicated no adverse effect or aberrant behavior, but no specific ADL's were discussed. UDS's (urine drug screens) dated 08/20/14 and 06/25/14 showed inconsistent results. Furthermore, treater has not sufficiently documented Analgesia (pain reduction), least pain, and intensity of pain after taking the opioid and time it takes for medication to work and duration of pain relief are not documented. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Oxycontin CR 60mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: Patient presents with pain in both knees, especially the left knee; and both shoulders and generalized discomfort. The request is for Oxycontin CR 60mg, #90 (3x a day as needed)). Patient is status post-surgery left knee, arthroscopic surgery; bilateral total knee replacement surgery. Diagnosis includes bilateral knee internal derangements with medial meniscal tears; associated femoral neuropathies; stress microfractures of bilateral feet; bilateral rotator cuff syndromes, status post arthroscopic surgical procedures with bilateral suprascapular neuropathies; complex regional pain disorder right upper and right lower, and chronic pain syndrome with idiopathic insomnia. The patient is temporarily totally disabled. Oxycontin was prescribed in progress reports dated 04/23/14 and 10/01/14 for the relief of generalized discomfort. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, treater has not discussed how Hydrocodone relieves pain and how it significantly improves patient's activities of daily living. In addressing the four A's, treater has indicated no adverse effects or aberrant behavior, but no specific ADL's were discussed. UDS's dated 08/20/14 and 06/25/14 showed inconsistent results. Furthermore, treater has not sufficiently documented Analgesia (pain

reduction), least pain, and intensity of pain after taking the opioid and time it takes for medication to work and duration of pain relief are not documented. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Zolpidem 12.5mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment for Ambien.

Decision rationale: Patient presents with pain in both knees, especially the left knee; and both shoulders and generalized discomfort. The request is for Zolpidem 12.5mg, #30 (at bedtime as needed). Patient is status post-surgery left knee, arthroscopic surgery; bilateral total knee replacement surgery. Diagnosis includes chronic pain syndrome with idiopathic insomnia. The patient is temporarily totally disabled. Treater stated the reason for the request was relief of insomnia. Last prescription of Zolpidem was on 05/28/14. ODG-TWC guidelines, Chronic Pain Chapter, Insomnia Treatment for Ambien states: "Zolpidem [Ambien (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Adults who use Zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." Zolpidem was prescribed in progress report dated 05/28/14 for the relief of insomnia. ODG recommends Zolpidem only short-term, due to negative side effect profile. Zolpidem was prescribed for more than 5 months from the UR date of 11/12/14. Furthermore, the request for a quantity 30 does not indicate intended short-term use of this medication. The request is not medically necessary.