

Case Number:	CM14-0031100		
Date Assigned:	09/29/2014	Date of Injury:	11/14/1998
Decision Date:	01/20/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 Management 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 60-year-old male with an 11/14/98 date of injury. At the time (2/11/14) of request for authorization for Norco 10/325 #120 DOS 10/31/2013 and 12/03/2013, Soma 350mg #120 DOS 10/31/2013 and 12/03/2013, Lomotil #30 DOS 10/31/2013 and 12/03/2013, and Voltaren Gel 100g #3 DOS 10/31/2013, there is documentation of subjective (bilateral knee and right shoulder pain) and objective (right shoulder painful range of motion, positive Neer and Hawkins tests, and generalized weakness throughout motion; right knee crepitus and pain with motion, tenderness along the joint line; left knee pain and crepitus with motion, and tenderness along the joint line) findings, current diagnoses (meniscal tear right knee, osteoarthritis left knee and morbid obesity), and treatment to date (activity modification and medications (including ongoing use of Norco and Soma)). Regarding the requested Norco 10/325 #120 DOS 10/31/2013 and 12/03/2013, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects 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 Norco use to date. Regarding the requested Soma 350mg #120 DOS 10/31/2013 and 12/03/2013, there is no documentation of an acute exacerbation of chronic pain, that Soma is being used as a second line option, 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 Soma use to date, and an intention for short-term (less than two weeks) treatment. Regarding the requested Lomotil #30 DOS 10/31/2013 and 12/03/2013, there is no documentation of Lomotil used as adjunctive therapy for management of diarrhea. Regarding the requested Voltaren Gel 100g #3 DOS 10/31/2013, there is no

documentation of an intention for short-term use (4-12 weeks) and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 DOS 10/31/2013 and 12/03/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. 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 necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. 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 diagnoses of meniscal tear right knee, osteoarthritis left knee and morbid obesity. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting ongoing use of Norco, 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 Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 #120 DOS 10/31/2013 and 12/03/2013 is not medically necessary.

Soma 350mg #120 DOS 10/31/2013 and 12/03/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) 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 documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle

relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of meniscal tear right knee, osteoarthritis left knee and morbid obesity. However, there is no documentation of an acute exacerbation of chronic pain and that Soma is being used as a second line option. In addition, given medical records reflecting ongoing use of Soma 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 Soma use to date. Furthermore, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Soma 350mg #120 DOS 10/31/2013 and 12/03/2013 is not medically necessary.

Lomotil #30 DOS 10/31/2013 and 12/03/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.pdr.net

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guidelines identifies documentation of Lomotil used as an adjunctive therapy for management of diarrhea, as criteria necessary to support the medical necessity of Lomotil. Within the medical information available for review, there is documentation of diagnoses of meniscal tear right knee, osteoarthritis left knee and morbid obesity. However, there is no documentation of Lomotil used as adjunctive therapy for management of diarrhea. Therefore, based on guidelines and a review of the evidence, the request for Lomotil #30 DOS 10/31/2013 and 12/03/2013 is not medically necessary.

Voltaren Gel 100g #3 DOS 10/31/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium 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 documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. In addition, 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 documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of meniscal tear right knee, osteoarthritis left knee and morbid obesity. In addition, there is documentation of osteoarthritis pain. However, there is no documentation of an intention for short-term use (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Voltaren Gel 100g #3 DOS 10/31/2013 is not medically necessary.