

Case Number:	CM15-0005419		
Date Assigned:	01/16/2015	Date of Injury:	07/18/2011
Decision Date:	03/24/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 63-year-old female who reported an injury on 07/18/2011. The mechanism of injury was not provided. Prior therapies included physical therapy, aquatic therapy and surgical intervention, including a meniscectomy. The injured worker was noted to have an MRI of the right knee on 11/16/2011 prior to surgical intervention. The documentation of 11/04/2014 revealed the injured worker was able to cross his legs. The injured worker continued to have pain and was trying to walk and stretch. The physical examination revealed no effusion and the injured worker had pain on palpation. The diagnoses include right knee internal derangement and left medial meniscus tear. The documentation indicated the injured worker was utilizing Norco which helped decrease the pain by 30% to 40%. The documentation of 01/13/2015 revealed the injured worker was utilizing Norco and Soma and exercising. There was no Request for Authorization submitted for review. There was no Request for Authorization submitted for review for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg 1 tab po tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide the duration of use for the requested medication. However, it was noted the injured worker was utilizing the medication in January. The request as submitted would be excessive as the recommendation is for treatment of less than 1 month. There was a lack of documentation of a failure of a first line option. Given the above and the lack of documentation, the request for Soma 350 mg 1 tab by mouth 3 times a day is not medically necessary.

Norco 10/325 mg 1 tab po q 3-6 hrs prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional benefit and documentation the injured worker was being for aberrant drug behavior and side effects. Given the above, the request for Norco 10/325 mg 1 tab by mouth every 3 to 6 hours as needed #60 is not medically necessary.

Flector patches q 12 h #30: 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, Topical NSAIDS Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines indicate that topical NSAIDs

have been shown in meta-analysis to be superior to placebos during the first 2 weeks of treatment for osteoarthritis but not afterward or with diminishing effect over another 2 week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4 to 12 weeks. The clinical documentation submitted for review failed to indicate the injured worker had tendinitis or osteoarthritis. There was a lack of documentation of a trial and failure of antidepressants and anticonvulsants. The duration of use could not be established. Given the above, the request for Flector patches every 12 hours #30 is not medically necessary.