

Case Number:	CM15-0143457		
Date Assigned:	08/04/2015	Date of Injury:	01/29/2003
Decision Date:	09/23/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained an industrial injury on 1-29-03. He subsequently reported right shoulder and right knee pain. Diagnoses include cervical spine sprain and strain syndrome and right knee joint arthropathy. Treatments to date include MRI and nerve conduction testing, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder, right foot and right knee pain. Upon examination, there is right shoulder and arm weakness, right shoulder stiffness, lumbar area pain, back weakness and stiffness, muscle spasm, right knee stiffness and a constant limp noted. A request for Norco, Soma, Norflex, Prilosec, Genicin and Ambien medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with right shoulder, right foot and right knee pain. The request is for ONE (1) Prescription of Norco 7.5/325MG #120. The request for authorization is dated 07/09/15. MRI of the right knee, 02/20/10, shows chondromalacia patella, sprain of the medial collateral ligament, Grade III tear vs. Grade II signal vs. post-surgical change in the posterior horn of the medial meniscus. Grade II signals of myxoid change vs. Grade III tears in the anterior and posterior horn or the lateral meniscus. Physical examination reveals right shoulder and arm weakness; right shoulder stiffness; pain in the lumbar area; back weakness; back stiffness; muscle spasm; right knee stiffness; right knee MRI findings; constant limp. Per progress report dated 07/09/15, 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, 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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 10/02/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract is provided for review. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication for Norco. Therefore, the request is not medically necessary.

One (1) prescription of Soma 350mg #90: Upheld

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

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

Decision rationale: The patient presents with right shoulder, right foot and right knee pain. The request is for One (1) Prescription of Soma 350MG #90. The request for authorization is dated 07/09/15. MRI of the right knee, 02/20/10, shows chondromalacia patella, sprain of the medial collateral ligament, Grade III tear vs. Grade II signal vs. post-surgical change in the posterior horn of the medial meniscus. Grade II signals of myxoid change vs. Grade III tears in the anterior and posterior horn or the lateral meniscus. Physical examination reveals right shoulder and arm weakness; right shoulder stiffness; pain in the lumbar area; back weakness; back stiffness; muscle spasm; right knee stiffness; right knee MRI findings; constant limp. Per progress report dated 07/09/15, the patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP.

The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." 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. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 10/02/14. The request for additional Soma #90 does not indicate intended short-term use of this medication. The request does not meet guidelines indication for Soma. Therefore, the request is not medically necessary.

One (1) prescription of Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Muscle Relaxant).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Muscle relaxants.

Decision rationale: The patient presents with right shoulder, right foot and right knee pain. The request is for One (1) Prescription of Norflex 100mg #90. The request for authorization is dated 07/09/15. MRI of the right knee, 02/20/10, shows chondromalacia patella, sprain of the medial collateral ligament, Grade III tear vs. Grade II signal vs. post-surgical change in the posterior horn of the medial meniscus. Grade II signals of myxoid change vs. Grade III tears in the anterior and posterior horn or the lateral meniscus. Physical examination reveals right shoulder and arm weakness; right shoulder stiffness; pain in the lumbar area; back weakness; back stiffness; muscle spasm; right knee stiffness; right knee MRI findings; constant limp. Per progress report dated 07/09/15, the patient is temporarily totally disabled. MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater does not specifically discuss this medication. Patient has been prescribed Norflex since at least 10/02/14. However, guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Additionally, the request

for Norflex #90 would exceed what is recommended by MTUS. Therefore, the request is not medically necessary.

One (1) Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with right shoulder, right foot and right knee pain. The request is for One (1) Prilosec 20mg #60. The request for authorization is dated 07/09/15. MRI of the right knee, 02/20/10, shows chondromalacia patella, sprain of the medial collateral ligament, Grade III tear vs. Grade II signal vs. post-surgical change in the posterior horn of the medial meniscus. Grade II signals of myxoid change vs. Grade III tears in the anterior and posterior horn or the lateral meniscus. Physical examination reveals right shoulder and arm weakness; right shoulder stiffness; pain in the lumbar area; back weakness; back stiffness; muscle spasm; right knee stiffness; right knee MRI findings; constant limp. Per progress report dated 07/09/15, the patient is temporarily totally disabled. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Patient has been prescribed Prilosec since at least 10/02/14. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. And treater has not indicated what gastric complaints there are, and why he needs to continue. Additionally, the patient is not taking any NSAIDs. Therefore, the request is not medically necessary.

One (1) prescription of Genicin 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The patient presents with right shoulder, right foot and right knee pain. The request is for One (1) Prescription of Genicin 500MG #90. The request for authorization is dated 07/09/15. MRI of the right knee, 02/20/10, shows chondromalacia patella, sprain of the medial collateral ligament, Grade III tear vs. Grade II signal vs. post-surgical change in the posterior horn of the medial meniscus. Grade II signals of myxoid change vs. Grade III tears in

the anterior and posterior horn or the lateral meniscus. Physical examination reveals right shoulder and arm weakness; right shoulder stiffness; pain in the lumbar area; back weakness; back stiffness; muscle spasm; right knee stiffness; right knee MRI findings; constant limp. Per progress report dated 07/09/15, the patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 50 under Glucosamine (and Chondroitin Sulfate) states: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." Treater does not specifically discuss this medication. The patient has been prescribed Genicin since at least 10/02/14. MTUS supports the use of Glucosamine in patients with moderate arthritis pain. However, the treater does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request is not medically necessary.

One (1) prescription of Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien).

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

Decision rationale: The patient presents with right shoulder, right foot and right knee pain. The request is for One (1) Prescription of Ambien 10mg #30. The request for authorization is dated 07/09/15. MRI of the right knee, 02/20/10, shows chondromalacia patella, sprain of the medial collateral ligament, Grade III tear vs. Grade II signal vs. post-surgical change in the posterior horn of the medial meniscus. Grade II signals of myxoid change vs. Grade III tears in the anterior and posterior horn or the lateral meniscus. Physical examination reveals right shoulder and arm weakness; right shoulder stiffness; pain in the lumbar area; back weakness; back stiffness; muscle spasm; right knee stiffness; right knee MRI findings; constant limp. Per progress report dated 07/09/15, the patient is temporarily totally disabled. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater does not specifically discuss this medication. Patient has been prescribed Ambien since at least 10/02/14. However, ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Ambien #30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

