

Case Number:	CM15-0208109		
Date Assigned:	10/27/2015	Date of Injury:	10/14/2009
Decision Date:	12/31/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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, Pain Management

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 61 year old woman sustained an industrial injury on 10-4-2009. Diagnoses include right knee pain, lumbar spine pain with residual antalgic gait, and anxiety and depression. Treatment has included oral medications. Physician notes dated 8-27-2015 show complaints of low back pain rated 7 out of 10 with increased muscle spasms, right knee pain with radiation to the right leg, and anxiety and insomnia due to pain. The physical examination shows a slightly depressed mood, mildly antalgic gait. Lumbar spine is tender to palpation of the paralumbar muscles with spasms as well as to the sacroiliac region and notch on the right side. Range of motion is noted to be flexion 70% of normal, Extension 70 % of normal, right lateral flexion 60% of normal, and left lateral flexion 80% of normal. Straight leg raise is positive on the right at 70 degrees in the sitting position. The right knee has slight swelling and moderate tenderness over the medial region with crepitation with range of motion. Range of motion is 100-150 degrees. Right shoulder is in a sling, abduction-adduction is limited to 70-80 degrees due to pain.

Recommendations include Ibuprofen cream as the worker cannot tolerate oral NSAIDs, Norco, Mirtazapine, Klonopin, Soma, bilateral lower extremity electromyogram and nerve conduction studies, continue use of hinged knee brace, orthopedic consultation, and follow up in one month. Utilization Review denied requests for Ibuprofen cream, Norco, Klonopin, and Soma and modified a request for Mirtazapine on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen cream 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for this topical NSAID, the Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration for body regions that are amenable to topical treatment. Specifically, the CPMTG state: "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks." A review of the submitted medical records does not provide a rationale as to why topical ibuprofen is utilized as opposed to a formulation that is FDA approved. It is not apparent that this worker has tried and failed the FDA approved topical diclofenac formulations (ie, Voltaren or Pennsaid). Given this, this request is not medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 9/30/2015. The patient did not report any side effects. Monitoring for aberrant behavior has been documented as negative. It should be noted that there should be random periodic urine drug testing performed, and this was not included. However, the lack of inclusion of this should not be grounds for stopping this medication at this

time given that it is providing benefit and the patient is working. This request is medically appropriate. Future documents should include objective confirmation of opioid compliance.

Klonopin .5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Regarding the request for Klonopin (clonazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is long term use of this medication since at least May 2015 despite the CA MTUS recommendation against long-term use (even in cases of anxiety). Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Klonopin (clonazepam) is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Although the September 30, 2015 note documents that this is for a couple week supply, it is noted that the prior month's progress note also contained the same language. Given this, the currently requested carisoprodol (Soma) is not medically necessary.