

<b>Case Number:</b>	CM15-0032274		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/02/2007
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 02/02/2007. She has reported subsequent knee and leg pain and was diagnosed with sprain/strain of the knee/leg, pain in joint of the lower leg and osteoarthritis. Treatment to date has included oral pain medication, knee brace and synvisc injections. In a progress note dated 01/12/2015, the injured worker complained of severe pain in the left knee and that it felt as if joint was popping out of place. Objective findings were notable for painful crepitus of the left knee, medial and lateral joint line tenderness and an antalgic gait. A request for authorization of Robaxin, Flector, Zantac and Norco refills were submitted. On 01/21/2015, Utilization Review non-certified requests for Robaxin, Flector and Zantac, noting that there was no documentation of efficacy of Robaxin and Flector and that there was no documentation of gastrointestinal distress to warrant the use of Zantac. Utilization Review modified a request for Norco from 10/325 mg quantity of 120 to a quantity of 60, noting that there was no documentation of functional benefit and that the medication should be weaned. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY#120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the workers working diagnoses osteoarthritis left knee; old disruption other ligaments; and pain in joint lower leg. The treating physician also references left knee sprain/strain. Subjectively, pursuant to a December 22, 2014 progress note, the injured worker feels like her joint is misplaced. She complains of a lot of pain and a lot of discomfort. Objectively, the worker is very tender over the medial and lateral joint lines of the knee. There is a small fusion. The treating physician has prescribed Norco as far back as May 6, 2014. Additionally, during the month of October 2014, the injured worker was on a fentanyl patch. The documentation does not contain evidence of objective functional improvement associated with ongoing Norco 10/325 mg. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing long-term Norco 10/325 milligrams, Norco 10/325 mg #120 is not medically necessary.

**Robaxin 750mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 750 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the workers working diagnoses osteoarthritis left knee; old disruption other ligaments; and pain in joint lower leg. The treating physician also references left knee sprain/strain. Subjectively, pursuant to a December 22, 2014 progress note, the injured worker feels like her joint is misplaced. She complains of a lot of pain and a lot of discomfort. Objectively, the worker is very tender over the medial and lateral joint lines of the knee. There is a small fusion. The treating physician prescribed Robaxin as far back as May 16, 2014. Robaxin is a most relaxant indicated

for short-term use (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation refers to injury of the knee. There is no discussion or documentation supporting an acute low back injury. Additionally, the treating physician has exceeded the recommended guidelines for short-term (less than two weeks) use. There is no documentation demonstrating objective functional improvement associated with ongoing Robaxin. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines to support the ongoing use of Robaxin 750 mg, Robaxin 750 mg #90 is not medically necessary.

**Flector #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical anti-inflammatory patch Page(s): 111-112, 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch #30 with four refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the workers working diagnoses osteoarthritis left knee; old disruption other ligaments; and pain in joint lower leg. The treating physician also references left knee sprain/strain. Subjectively, pursuant to a December 22, 2014 progress note, the injured worker feels like her joint is misplaced. She complains of a lot of pain and a lot of discomfort. Objectively, the worker is very tender over the medial and lateral joint lines of the knee. There is a small fusion. Flector is indicated for acute sprains, strains and contusions. The date of injury was February 2, 2007. The injured worker is in the chronic phase of the injury. There is no clinical documentation of an acute sprain, strain or contusion in the medical record. There is no evidence of objective functional improvement with the Flector patch that has been used since May 16, 2014. Consequently, absent clinical documentation with objective functional improvement with an improper clinical indication, Flector patch #30 is not medically necessary.

**Zantac 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (Chronic) See NSAIDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>.

**Decision rationale:** Pursuant to Medline plus, Ranitidine (Zantac) 150 mg #30 is not medically necessary. Ranitidine is an H2 receptor blocker used to treat ulcers, gastroesophageal reflux disease, dyspepsia, and the condition where the stomach produces too much acid called Zollinger Ellison syndrome. For additional details see the attached link. In this case, the workers working diagnoses the injured worker osteoarthritis left knee; old disruption other ligaments; and pain in joint lower leg. The treating physician also references left knee sprain/strain. Subjectively, pursuant to a December 22, 2014 progress note, the injured worker feels like her joint is misplaced. She complains of a lot of pain and a lot of discomfort. Objectively, the worker is very tender over the medial and lateral joint lines of the knee. There is a small fusion. In a progress note dated May 16, 2014, the worker was taking Zantac, however, the injured worker felt a stronger medication was in order. The treating physician started Protonix that was continued through November 2014. The January 12, 2015 progress note indicates Protonix was still prescribed. The treatment plan was to continue the current proton pump inhibitor. However, the prescription issued on that date was for Zantac 150 mg. There is no documentation in the medical record with a clinical indication or rationale for changing back over to Zantac 150 mg. Consequently, absent clinical documentation with objective functional improvement and a clinical indication or rationale (for the change back to Zantac), Ranitidine 150 mg #30 is not medically necessary.