

<b>Case Number:</b>	CM15-0033069		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/15/2002
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, 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 65 year old male sustained a work related injury on 11/15/2002. According to a progress report dated 11/11/2014, the injured worker was having a large amount of discomfort in his knee. Physical examination revealed a mild degree of an effusion but tricompartment crepitation and tenderness medially and laterally. Diagnosis included osteoarthritis of the knee. According to the provider, the injured worker was still a candidate for arthroscopic debridement of this knee rather than a total knee replacement. The injured worker was permanently disabled. As of a progress report dated 01/06/2015, the injured worker had crepitation and grinding along with moderate swelling of the knee. He was having a lot more difficulty sleeping and was getting very depressed because of the denials for treatment. Plan of care included psychiatric consultation for depression. On 01/29/2015, Utilization Review non-certified Vicodin ES 7.5mg/300mg #60, Flexeril 10mg #60 and Voltaren 100mg #30. According to the Utilization Review physician, in regard Vicodin, there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. There was no recent provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse. CA MTUS Chronic Pain Medical Treatment Guidelines, page 91 was referenced. In regard to Flexeril, there was no documentation of a maintained increase in function or decrease in pain or spasms with the use of this medication. There was no provided evidence of screening exams for misuse having been performed with a demonstrated low risk for misuse with evidence that use resulted in a decrease in VAS pain scores and improved and measurable tolerance to specified activities, versus when the medication was not being used. CA MTUS Chronic Pain

Medical Treatment Guidelines page 41 and 64 were referenced. In regard to Voltaren, non-steroidal anti-inflammatory drugs are recommended for only short-term use. No exceptional circumstances were evident in this case. CA MTUS Chronic Pain Medical Treatment Guidelines page 67-73 was referenced. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vicodin ES 7.5mg/300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Vicodin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicodin is not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

**Decision rationale:** Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Voltaren 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for Voltaren, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement to support ongoing use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested Voltaren is not medically necessary.