MAXIMUS Federal Services

Case Number:	CM15-0012075		
Date Assigned:	01/29/2015	Date of Injury:	02/09/2011
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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:

The 49 year old male injured worker suffered an industrial injury on 2/9/2011.The diagnosis was rule out internal derangement of the left knee. The treatments were home exercise program and medications. The treating provider reported left knee pain, burning and swelling, pain with weight bearing and using stairs. On exam there was mild swelling and mild tenderness and discomfort on range of motion. The Utilization Review Determination on 12/18/2014 non-certified: 1. Flexeril 5mg #90 citing MTUS. 2. Voltaren Gel 1% 500gm citing MTUS 3. Ambien 5mg #10 citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section Page(s): 63.

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

Decision rationale: The patient presents with left knee pain rated 08/10. The request is for FLEXERIL 5 MG, NINETY COUNT. The RFA provided is dated 12/10/14. Patient's diagnosis on 11/24/14 included rule out internal derangement of the left knee and probable meniscal tears. 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."In this case, the first documentation of Flexeril is noted in the progress report dated 06/30/14 and the patient has been taking it consistently at least since then. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for quantity 90 does not indicate intended short-term use. The request would exceed MTUS recommendation. Therefore, the request IS NOT medically necessary.

Voltaren gel 1%, 500 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesicMedications for chronic pain Page(s): 111-113, 60-61.

Decision rationale: The patient presents with left knee pain rated 08/10. The request is for VOLTAREN GEL 1%, 500 GRAMS.The RFA provided is dated 12/10/14. Patient's diagnosis on 11/24/14 included rule out internal derangement of the left knee and probable meniscal tears. The patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis.In this case, the first documentation of Voltaren gel is noted in the progress report dated 06/30/14 and the patient has been using it since at least then. The patient suffers from chronic knee pain and the use of Voltaren gel may be indicated. However, the treater does not document it's efficacy. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Ambien 5 mg, ten count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic)chapter, Zolpidem

Decision rationale: The patient presents with left knee pain rated 08/10. The request is for AMBIEN 5MG, TEN COUNT.The RFA provided is dated 12/10/14. Patient?s diagnosis on 11/24/14 included rule out internal derangement of the left knee and probable meniscal tears. The patient is temporarily totally disabled. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated 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." The guidelines also state "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." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." In this case, a prescription for Ambien is first noted in the progress report dated 06/30/14 and the patient has been taking the medication consistently since then. The current request of 10 count is compliant with the guidelines; however, the patient has been taking the medication for a long time now. The request exceeds the 7-10 days use recommended by the ODG guidelines. This request IS NOT medically necessary.