

<b>Case Number:</b>	CM15-0093174		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/30/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 injured worker is a 48 year old female who sustained a work related injury June 30, 2013. According to a primary treating physician's progress report, dated April 22, 2015, the injured worker reports continued improvement. Medications as well as physical therapy are proving effective in improving her pain levels, function, range of motion, and overall sense of comfort. There are feelings of instability/clicking/popping/clicking/locking and difficulty with heavy lifting/ pushing/ and pulling. A complete knee exam was performed and considered normal. Diagnoses are documented as s/p right knee internal derangement; right knee strain; right knee degenerative joint disease. Treatment plan included request for authorization for Ultracet, ibuprofen, Orphenadrine, and Lido Gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #60 QTY: 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 75, 88, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** Based on the 4/22/15 progress report provided by the treating physician, this patient presents with improved right knee pain but continued feelings of instability, clicking, popping, locking, and weakness. The treater has asked for ULTRACET 37.5/325MG #60 QTY 60 WITH 2 REFILLS on 4/22/15. The patient's diagnosis per request for authorization form dated 4/22/15 is knee pain. The patient is assessed with right knee internal derangement, right knee strain, and right knee degenerative joint disease per 4/22/15 report. The patient's current medications are Ultracet, Ibuprofen, Orphenadrine, and Lido Gel per 4/22/15 report. The patient has had prior arthroscopic surgeries to the right knee of unspecified dates per 10/29/14 report. The patient is doing a home exercise program which is helping per 10/29/14 report. The patient's work status is permanent and stationery and has difficulty returning to regular duty as of 1/28/15 report. 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. Ultracet has been included in patient's medications per treater reports dated 9/24/14, 12/24/14 and 4/22/15. In this case, treater has not stated how Ultracet reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Ibuprofen 600mg #60 QTY: 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects Page(s): 22, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, medication for chronic pain ,NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 60-61 ,70-73, 68-67.

**Decision rationale:** Based on the 4/22/15 progress report provided by the treating physician, this patient presents with improved right knee pain but continued feelings of instability, clicking, popping, locking, and weakness. The treater has asked for IBUPROFEN 600MG #60 QTY 60 WITH 2 REFILLS on 4/22/15. The patient's diagnosis per request for authorization form dated 4/22/15 is knee pain. The patient is assessed with right knee internal derangement, right knee strain, and right knee degenerative joint disease per 4/22/15 report. The patient's current medications are Ultracet, Ibuprofen, Orphenadrine, and Lido Gel per 4/22/15 report. The patient has had prior arthroscopic surgeries to the right knee of unspecified dates per 10/29/14 report. The patient is doing a home exercise program which is helping per 10/29/14 report. Physical therapy is also helping per 4/22/15 report. The patient's work status is permanent and stationery

and has difficulty returning to regular duty as of 1/28/15 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The reason for the request is not provided. The patient is diagnosed with right knee internal derangement. The treater does provide any discussion regarding Ibuprofen. The patient has been taking Ibuprofen in reports dated 12/24/14, 1/28/15, and 4/22/15. There are no documentations provided regarding how this medication has helped reduce the patient's pain and improve function, as required by MTUS page 60. Therefore, the requested Ibuprofen IS NOT medically necessary.

**Orphenadrine 100mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**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, Muscle relaxants (for pain).

**Decision rationale:** Based on the 4/22/15 progress report provided by the treating physician, this patient presents with improved right knee pain but continued feelings of instability, clicking, popping, locking, and weakness. The treater has asked for ORPHENADRINE 60MG #60 WITH 2 REFILLS on 4/22/15. The patient's diagnosis per request for authorization form dated 4/22/15 is knee pain. The patient is assessed with right knee internal derangement, right knee strain, and right knee degenerative joint disease per 4/22/15 report. The patient's current medications are Ultracet, Ibuprofen, Orphenadrine, and Lido Gel per 4/22/15 report. The patient has had prior arthroscopic surgeries to the right knee of unspecified dates per 10/29/14 report. The patient is doing a home exercise program which is helping per 10/29/14 report. The patient's work status is permanent and stationary and has difficulty returning to regular duty as of 1/28/15 report. For muscle relaxants for pain, 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 anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This

medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." The treater does not discuss this request in the reports provided. In medical records provided, Orphenadrine ER was first mentioned in progress report dated 9/24/14, and is also mentioned in reports dated 10/29/14 and 1/28/15. MTUS guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Furthermore, quantity 60 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Lido Gel 3% QTY: 1 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch) Page(s): 111-113, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm.

**Decision rationale:** Based on the 4/22/15 progress report provided by the treating physician, this patient presents with improved right knee pain but continued feelings of instability, clicking, popping, locking, and weakness. The treater has asked for LIDO GEL 3# QTY 1 WITH 2 REFILLS on 4/22/15. The patient's diagnosis per request for authorization form dated 4/22/15 is knee pain. The patient is assessed with right knee internal derangement, right knee strain, and right knee degenerative joint disease per 4/22/15 report. The patient's current medications are Ultracet, Ibuprofen, Orphenadrine, and Lido Gel per 4/22/15 report. The patient has had prior arthroscopic surgeries to the right knee of unspecified dates per 10/29/14 report. The patient is doing a home exercise program which is helping per 10/29/14 report. The patient's work status is permanent and stationery and has difficulty returning to regular duty as of 1/28/15 report. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The treater began prescribing an unspecified "cream application to help with the pain" on 1/28/15 report. As of requesting 4/22/15 report, the patient is using Lido Pro gel. Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. This request IS NOT medically necessary.