

<b>Case Number:</b>	CM15-0094352		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/18/2008
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female who sustained an industrial injury on 03/18/2008. Mechanism of injury is not documented. Diagnoses include right knee osteoarthritis. Treatment to date has included diagnostic studies, medication, right knee surgery, therapy, a knee brace, injections, and she uses a cane with ambulation, and home therapy program. A physician progress note dated 03/30/2015 documents the injured worker continues to have a painful right knee. She has continued pain, swelling and grinding to the right knee. She has difficulty ambulating secondary her pain. She also complains of depression and anxiety secondary to her chronic painful condition. On examination, there is tenderness upon palpation along the medial and lateral patellofemoral joint. There is moderate effusion present. Crepitus and pain are elicited with motion. McMurray test elicits pain in the medial and lateral compartment. Apley test is positive. Compartments are soft. Flexion range of motion is restricted. With this visit, an injection of Celestone 6mg/ml was given for the right knee in order to reduce inflammation and swelling and also to improve function. Treatment requested is for Norco 10/325mg #60, and Xanax 0.25mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #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 8 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured in 2008. There is a right knee degenerative osteoarthritis. There is no mention of objective functional improvement out of the use of the medicines. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long-term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**Xanax 0.25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section under Benzodiazepines.

**Decision rationale:** This claimant was injured in 2008. There is a right knee degenerative osteoarthritis. There is no mention of objective functional improvement out of the use of the medicines. There is no mention of anxiety, which is important because this medicine is primarily an anxiolytic medicine. Official Disability Guidelines (ODG) Pain section, under Benzodiazepines: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary and appropriately non-certified following the evidence-based guideline.