

Case Number:	CM13-0010504		
Date Assigned:	04/23/2014	Date of Injury:	10/08/2011
Decision Date:	06/02/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 claimant is a 56 year old male who reported a repetitive knee injury on 10/8/2011. He subsequently has had a knee arthroscopy/menisectomy and has been told he will likely need a total knee replacement in the future. Subsequent to the knee injury he has developed a chronic pain syndrome with complaints of neck, lower back, shoulder and extremity pain. He has concurrent Psychological claim with a diagnosis of depression and a pre-existing personality disorder. Medications have included Tylenol #3 # 60 every 2 months, Flexeril unknown amounts and Mobic #1 daily. Mobic has been authorized long term. There are no functional improvements reported secondary to the Tylenol # 3 and there is no documentation regarding rationale or any benefits related to the long term use of Flexeril. On 4/11/13 there is documentation of dizziness secondary to Tylenol #3 and the use of Tramadol was recommended. There is no documentation of medications recommended for the reported depression or other psychological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR TYLENOL #3 BETWEEN 6/25/2013 AND 8/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids.

Decision rationale: The documentation provided for review does not support any improvement in function secondary to the opioid use. In addition, there is no documentation regarding the specific pattern of use, any side effects, or improvement in the quality of life from the long term opioid use. Guidelines are quite specific regarding conditions supporting the long term use of opioids. There should be improvement in function as a result of use. There should also be frequent documentation of the patterns of use and any adverse effects or aberrant behaviors. No such documentation was noted. Also, one of the evaluating physicians documented intolerable side effects with the Tylenol #3 and recommended a different medication. There is no information that appears to justify an exception to the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.

ONE PRESCRIPTION OF FLEXERIL BETWEEN 6/25/2013 AND 8/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Guidelines are very specific in regards to the long term use of Flexeril. They specifically state that it is not recommended for chronic use and short term use should be limited to 2-3 weeks. There is a lack of documentation regarding the ongoing use or benefits from the Flexeril, hence there is no information that would justify an exception to the MTUS Chronic Pain Guidelines' recommendations. The request is not medically necessary and appropriate.