

Case Number:	CM13-0021169		
Date Assigned:	10/11/2013	Date of Injury:	12/11/2008
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 56 year old injured worker who reported an injury on December 11, 2008. The mechanism of injury was a fall. The patient has injuries to their bilateral knees, low back, left hip, and psyche. Previous treatment includes epidural steroid injections, medications, and low back exercises performed at home. The patient is experiencing an increase in difficulty with activities of daily living as they relate to their bilateral knees. Otherwise, the patient reports sufficient pain control with her current medication regime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend muscle relaxants to treat low back pain as a second line option, as there is little evidence that they provide increased relief over NSAIDs. Guidelines recommend Flexeril in particular, for a short period, no longer than 2-3 weeks. It is unclear in the medical records how

long the patient has been utilizing this medication, but it is noted to have been prescribed as early as July 2013. This exceeds the guideline recommendations of 2-3 weeks, for use. The request for Flexeril 7.5mg is not medically necessary and appropriate.

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: The ACOEM guidelines state that MRI is indicated in confirming meniscus tears only if surgery is contemplated. Guidelines also recommend a conservative course of physical therapy but it is unclear if they have received any recent physical therapy since their initial injury. The request for MRI of the right knee is not medically necessary and appropriate. The most recent clinical note dated August 22, 2013 stated that the patient is suspected of having a medial meniscal tear, but did not specify to which knee. Notes also stated that there is tenderness to bilateral medial joint lines, however, there is no documentation reporting catching or locking of knee, or locking of knee with flexion. The request for a MRI of the right knee is not medically necessary and appropriate.

MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: The ACOEM guidelines state that MRI is indicated in confirming meniscus tears only if surgery is contemplated. Guidelines also recommend a conservative course of physical therapy but it is unclear if they have received any recent physical therapy since their initial injury. The request for MRI of the right knee is not medically necessary and appropriate. The most recent clinical note dated August 22, 2013 stated that the patient is suspected of having a medial meniscal tear, but did not specify to which knee. Notes also stated that there is tenderness to bilateral medial joint lines, however, there is no documentation reporting catching or locking of knee, or locking of knee with flexion. The request for a MRI of the right knee is not medically necessary and appropriate. The request for an MRI of the left knee is not medically necessary and appropriate.

Norco 10/325mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The clinical documentation submitted for review fails to show evidence that the patient's reports efficacy with the current medication regimen to include Norco 10/325; as California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical notes document the patient's average rate of pain is at a 7/10 to 8/10. The patient utilizes Norco 10/325 mg 1 tablet by mouth 4 times a day. The clinical notes fail to document significant improvements in objective functionality as well as moderate decrease in the patient's rate of pain as a result of utilizing this medication chronic in nature. The request for Norco 10/325 mg quantity 90 is not medically necessary and appropriate.