

Case Number:	CM13-0049783		
Date Assigned:	12/27/2013	Date of Injury:	03/29/1999
Decision Date:	06/03/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records presented for review indicate a date of injury of March, 1999. The patient's prior surgical history indicates a 1998 right knee surgery and a 2010 back surgery. Bilateral total knee arthroplasty has been completed. A comorbidity of asthma requiring hospitalization is noted as well as hypertension and obesity. A psychiatric evaluation has also been completed. The orthopedic evaluation of November, 2012 noted complaints of left thigh and shoulder pain. The disputed issues are a request for Flexeril and Tylenol #3. A utilization review determination had non-certified these requests. The stated rationale for the denial of Flexeril was due to its use for an "extended period" when guidelines recommend short-term use. The stated rationale for the denial of Tylenol #3 was that "there is no mention of pain severity or of pain reduction or objective functional improvement."

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG (FOR NEXT VISIT, 11/06/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 64-65.

Decision rationale: The MTUS Chronic Pain Guidelines indicate use of this medication is for short-term intervention alone. This medication can be employed for a short-term with an exacerbation however it is not supported for chronic, indefinite use. Therefore, based on the medical records presented for review there is insufficient clinical nation to support this request. Furthermore, there is insufficient clinical data to suggest that there is any noted efficacy or utility of these medications. The request is not medically necessary and appropriate.

TYLENOL #3 (FOR NEXT VISIT, 11/06/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: This is an individual with a bilateral total knee arthroplasty and no particular pain generator is noted in the medical records provided for review. Furthermore, there is no noted efficacy in the multiple years that this medication has been previously employed. Based on the limited clinical records presented for review, there is insufficient data presented to support this request. The MTUS Chronic Pain Guidelines' requirements for chronic long-term opioid use to include contract, urine screening, and other similar interventions are not noted in the medical records provided for review. The request is therefore not medically necessary and appropriate.