

Case Number:	CM13-0052048		
Date Assigned:	03/03/2014	Date of Injury:	02/14/2006
Decision Date:	05/23/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 66 year-old male who was injured on 2/14/06. There is a 9/12/13 report from [REDACTED] the primary treating provider, showing the diagnoses as status post total knee arthroplasty on the right, and internal derangement of the left knee. The only other report from [REDACTED] is the check box RFA dated 10/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5 MG #100 WITH A DATE OF SERVICE OF 9/25/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The patient has bilateral knee pain. The 10/17/13 report from [REDACTED] states that he requested 120 tablets of Cyclobenzaprine, not to exceed three tablets per day. 100 tablets, then, would be the equivalent of a 33 day supply. The MTUS guidelines for cyclobenzaprine specifically states the medication is not recommended to be used over three weeks. The request

for 100 tablets will exceed the MTUS recommended duration. As such, the request is not medically necessary.

A RETROSPECTIVE REQUEST FOR HYDROCODONE BIT/APAP 10-32 MG #60:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 88-89.

Decision rationale: The patient presents with bilateral knee pain. Neither of the available reports discuss the efficacy of the Hydrocodone. It is not clear if the patient has been on this medication for over six months, so it is difficult to determine specifically which MTUS guideline would apply. Regardless of whether this is an initial trial, or if the long-term uses of opioids apply, the MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain. Assessment of treatment efficacy is accomplished by reporting functional improvement. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, improved function, or improved quality of life with the use of Hydrocodone/APAP. As the MTUS does not recommend continuing treatment if there is not a satisfactory response, the request is not medically necessary.