

Case Number:	CM13-0055012		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2007
Decision Date:	03/17/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 68 year old female who sustained a work-related injury on 10/3/07. She has been treated for ongoing symptoms in the hip, thigh, knee, and low back. Her diagnoses include iliofemoral strain, pelvic osteoarthritis, lumbar strain, cervical strain, tenosynovitis of the wrist, shoulder sprain/strain, and chondromalacia patella. Her medications include Flexeril, and Norco. The patient has history of total hip and total knee replacement surgeries. Subjective complaints include lumbar back pain that is 9/10 without medication and 6/10 with medication. The patient is noted to have increased activities of daily living with medication. There are no side effects, and she has consistent drug screens. Physical exam shows lumbar spine tenderness to palpation, muscle guarding, and decreased range of motion. The right knee has medial joint line tenderness and peripatellar tenderness with crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The California MTUS guidelines indicate that Cyclobenzaprine should be used in the short term as the effects of treatment are modest and continued use may cause adverse effects. This patient had been using muscle relaxers chronically, i.e. outside of the 2-3 week recommendation. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. As such, the request is not medically necessary, and is therefore noncertified.

The request for 120 Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

Decision rationale: The patient in question has been on chronic opioid therapy. The California Chronic Pain Medical Treatment Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, and aberrant drug taking behaviors. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects, or aberrant drug taking behaviors. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient. The request is certified.