

Case Number:	CM13-0055726		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2005
Decision Date:	03/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 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 61-year-old female who reported an injury on 05/24/2005 after she hit her knee on the steering column of her bus. The patient reportedly sustained an injury to the left knee that ultimately resulted in surgical intervention. The patient developed chronic pain that was managed with a home exercise program and medications. The patient's medication schedule included Zanaflex 4 mg, Norco 7.5/325 mg, and ibuprofen 800 mg. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical documentation documented that the patient had poor sleep quality and no significant change on clinical presentation from the prior examination. The patient's physical findings included decreased deep tendon reflexes upon knee jerk and ankle jerk bilaterally and limited range of motion described as 0 degrees to 90 degrees in flexion. It was noted that the patient had recently participated in physical therapy and was transitioned into a home exercise program. The patient's treatment plan included continuation of medications and participation in the home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the use of muscle relaxants for extended durations of treatment. The clinical documentation submitted for review does indicate that the patient has used this medication chronically. MTUS Chronic Pain Guidelines recommend duration of treatment of approximately 2 weeks to 3 weeks for acute exacerbations of pain. The clinical documentation submitted for review does not provide any evidence of an acute exacerbation of pain. Therefore, continued use of this medication would not be supported. As such, the requested Zanaflex 4mg #60 prescribed on 11/7/13 is not medically necessary and appropriate.

Norco 7.5-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend that the continued use of opioids be based on a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and an assessment of compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief to establish the efficacy of this medication. Additionally, there is no documentation of functional benefit as it is related to this medication. Therefore, continued use would not be supported. As such, the requested Norco 7.5-325mg #90 prescribed on 11/7/13 is not medically necessary and appropriate.