

Case Number:	CM14-0000458		
Date Assigned:	01/17/2014	Date of Injury:	10/23/2010
Decision Date:	06/06/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female with a work injury dated 10/23/10. She describes a fall off a staircase at work. Her diagnosis includes status post arthroscopic left knee surgery 08/ 16/12, L > R right knee pain, bilateral lateral epicondylitis. cervical sprain/strain with disk disease per MRI, lumbar sprain/strain with complaint of radiculopathy with MRI positive for disk disease. During her arthroscopic knee surgery findings of chondromalacia of the patellofemoral joint, loose body in the knee, "avulsed tibial plateau portion, healed, of anterior cruciate ligament." Postoperatively, she recalls doing relatively well, but has had problems with some residual pain. There is a request for Vicodin ES 7.5mg quantity 60 with 2 refills, and Flexeril 10mg quantity 30 with 2 refills. Her treatment has included physical therapy, knee viscosupplementation injections, medication management. There is a 2/20/13 primary treating physician progress report which states that the patient Continues to have pain in the neck, back as well as in the knees. Objectively, there is tenderness in the cervical paraspinal muscles with a negative Spurling's. There is a negative L'hermitte's. The lumbar spine has tenderness in paraspinal muscles. There is a negative straight leg raise and a negative Faberes. The knee joint shows tenderness with restricted flexion 90 degrees, extension is diminished due to complaints of pain. Motor strength 5-/5. The treatment plan includes continuing Ibuprofen Vicodin ES and Flexeril. The documentation indicates that the patient has retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN ES 7.5 MG QUANTITY 60 WITH TWO REFILLS: Upheld

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

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

Decision rationale: Vicodin ES 7.5 mg quantity 60 with two refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree. The MTUS guidelines state, "When to Discontinue Opioids:(a) If there is no overall improvement in function, unless there are extenuating circumstances 7) When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain." The request for Vicodin ES 7.5mg quantity 60 with two refills is not medically necessary.

FLEXERIL 10 MG QUANTITY 30 WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Antispasmodics Section, Page(s): 41-42, 64.

Decision rationale: Flexeril 10mg quantity 30 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation submitted reveals that the patient has taken Flexeril dating back to at least December of 2012. The documentation reveals no evidence of muscle spasm on recent physical exams. The request for continued Flexeril 10mg quantity 30 with 2 refills is not medically necessary.