

<b>Case Number:</b>	CM14-0115659		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/24/2007
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 57-year-old woman who sustained a work related injury on December 24, 2007. Subsequently, she developed back and knees pain. The patient underwent right knee arthroscopy, partial medial and lateral meniscectomy and chondrplasty on January 29, 2009, right ulnar nerve decompression at the elbow on March 5, 2009 and left knee arthroscopy with partial medial and lateral meniscectomy and chondrplasty and synovectomy on May 21, 2009 as well as ACL reconstruction with partial medial and lateral meniscectomy on March 24, 2011. According to a progress report dated on May 28, 2014, the patient reported severe low back, right knee, and left elbow pain. Her symptoms included also tingling, stiffness, stabbing pain, weakness, and numbness. The severity was 3-5/10. Her physical examination revealed significant patellofemoral crepitation on both knees and tenderness of the lumbar spine. Positive Fabere sign. The patient was diagnosed with:-Right ulnar neuropathy-Right knee injury with lateral and medial meniscal tear, chondromalacia patella, right. Trapezial myofascial pain, bilateral.- Multiple myofascial tender points, possible suggestive of fibromyalgia. Cervical and lumbar sprain/strain. Left-sided lower extremity radiculopathy. Left knee ACL tear with signs of instability and medial joint arthritis.-L4-5 and L5-S1 degenerative disc disease with annular tear. L4-5 spondylolisthesis neuroforaminal stenosis, impingement of L4 nerve root. Left knee medial and lateral meniscal tear with grade III chondromalacia patella. Tricompartamental osteoarthritis.The patient's treatment included medications (Celebrex, Flexeril, and Norco), soft braces or supports for the left knee, injection treatments, surgical procedures, and therapy program. The provider requested authorization for Norco, and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120, 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.”According to the patient file, there is no objective documentation of functional improvement. There is no documentation of current UDS to document the patient compliance and to rule out any drug abuse. There is no documented updated and signed pain contract. Therefore, the prescription of NORCO 5/325MG #120 is not medically necessary.

**Flexeril #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

**Decision rationale:** According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity and no clear

justification of continuous use of Flexeril. Therefore the request for FLEXERIL # 20 is not medically necessary.