

<b>Case Number:</b>	CM14-0145920		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational Medicine 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:

Patient is a 48 year-old female with date of injury 11/19/2012. The medical document associated with the request for authorization, an initial pain medicine evaluation report, dated 07/29/2014, lists subjective complaints as pain in the neck with upper extremity radiculopathy and low back pain with lower extremity radiculopathy. Examination of the cervical spine revealed tenderness to palpation over the paravertebral muscles and myofascial trigger points in the right trapezius muscle. Range of motion was limited due to pain. Decreased sensation in the right upper extremity, with the affected dermatome C6. Lumbar spine: Spasm and tenderness noted in the paraspinous musculature L4-S1. Range of motion was severely limited secondary to pain. Straight leg raise was positive bilaterally at 70 degrees. No examination of the left knee was documented. Diagnosis: 1. Cervical radiculopathy 2. Lumbar radiculopathy 3. Right shoulder pain. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Flexeril 10mg, #90 SIG: po tid prn 2. Vicoden 7.5mg, #60 SIG: po bid prn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neoprene knee brace for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** The MTUS states that a knee brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Neoprene knee brace for the left knee is not medically necessary.

**Flexeril 10mg #90 prescribed 7/11/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for at least 12 months, long past the 2-3 weeks recommended by the MTUS. Cyclobenzaprine is not medically necessary. Flexeril 10mg #90 prescribed 7/11/14 is not medically necessary.

**Vicodin 7.5mg #60 prescribed 7/11/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 6 months. Vicodin 7.5mg #60 prescribed 7/11/14 is not medically necessary.