

Case Number:	CM14-0151818		
Date Assigned:	09/19/2014	Date of Injury:	11/04/2003
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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:

The claimant was injured on 11/04/03. Flexeril and Vicodin are under review. The claimant has chronic pain. On 01/16/13, he was evaluated for increasing stiffness, swelling, pain and limited motion of the right knee. There was no benefit from his last corticosteroid injection. He was diagnosed with a right knee plica and chondromalacia patella with tears of the medial and lateral menisci. Viscosupplementation was recommended. He has received multiple corticosteroid injections and viscosupplementation injections to the right knee over the past approximately 1 years with variable benefit. At times, he had an excellent response and other times, no significant relief. An MRI dated 03/26/13 revealed an anterior horn lateral meniscus tear, status post medial meniscal meniscectomy versus partial tear and abnormal ACL possibly represent were most likely representing a partial tear. There were osteoarthritic changes. There was also a popliteal cyst with some fluid leaking. On 04/04/13, he was expected he would likely need a knee replacement. On 05/20/13, he reportedly about 90% benefit from corticosteroid injection. He has received Lortab and Norco for his pain and the provider has indicated that without this medication to control his pain, he would likely require a knee replacement sooner. The opioids have been denied on multiple occasions. The claimant also has chronic pain in his hand status post surgery. On 08/11/14, his hydrocodone was being tapered and denied and he was more symptomatic in his hand at the base of the left thumb status post his surgery in 2003. He had marked tenderness with slight numbness of the ring and little fingers and decreased grip strength. He also had trace varus, mild swelling, and slight effusion in the right knee. He was prescribed Ultram. He was to continue regular work. On 08/25/14, he had worsening pain. His findings were the same and he was diagnosed with right knee degenerative joint disease and left hand tendinitis. He was given Hydrocodone and Flexeril for muscle spasm in the palmar region. He was prescribed Vicodin. On 08/25/14, he reported worsening pain and discomfort with

stiffening and swelling, limited motion and decreased left grip. He also had moderate pain and discomfort of the right knee but benefited from the injection. He had severe worsening pain and due to Crohn's disease was unable to tolerate Tramadol, Ibuprofen, and anti-inflammatories. Objective findings included marked tenderness at the base of the left palm with decreased grip strength. He had numbness and tingling of the ring and little fingers with slight extension lag. He was diagnosed with degenerative disease joint disease of the right knee and tendinitis of the left hand. On 08/28/14, he reported worsening pain with stiffness and tenderness. The provider stated that because Tramadol was denied and was aggravating the Crohn's disease, as did Ibuprofen, he was prescribed Hydrocodone and Flexeril for muscle spasm in the palmar region. He was prescribed Vicodin and Flexeril. He was tapered from the 7.5 mg down to 5 mg and this was then to be further tapered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #100 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril(r)) Page(s): 74. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - Cyclobenzaprine

Decision rationale: The history and documentation do not objectively support the request for Flexeril 10 mg #100 with 1 refill. The MTUS Chronic Pain Medical Treatment guidelines state, regarding Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days ... A record of pain and function with the medication should be recorded. (Mens 2005)." Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and says it is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as Acetaminophen or local modalities such as ice or heat, along with a trial of exercise for his hand/knee, including resultant relief of symptoms and documentation of functional improvement, or lack thereof, have

not been described. As such, this request for Cyclobenzaprine hydrochloride 10 mg #100 with 1 refill is not medically necessary.

Vicodin 5/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid Vicodin, 5/325mg #60 with 1 refill. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as Acetaminophen or trials of ice/heat or exercise. MTUS further explains, "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 periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be followed and documented per the guidelines. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the use of Vicodin 5/325mg has not been clearly demonstrated.