

Case Number:	CM14-0158067		
Date Assigned:	10/01/2014	Date of Injury:	12/13/2012
Decision Date:	10/29/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family 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 worker is a 63 year old male who was injured on 12/13/2012. He was diagnosed with meniscal tear of the knee, knee sprain/strain, contusion of the knee, and osteoarthritis of the knee. He was treated with muscle relaxants, opioids, surgery (right knee arthroscopy/menisectomy), injections, activity modification, and physical therapy. The worker was seen by his treating pain specialist on 8/13/14. He complained of continual right knee pain. He also reported having been weaning his Norco and Flexeril medications. He reported that he had not been using them at all for the prior two weeks because the worker did not think they were helping. He reported his right knee pain level at 4-5/10 on the pain scale. Physical examination findings revealed mild atrophy of right medial quadriceps muscle and 4/5 strength with right knee extension. He was then recommended to continue his Norco, only using what remains left over from the last prescription, and was recommended to continue his Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid,Generic Available) Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using this muscle relaxant chronically for his muscle spasm related to his chronic right knee pain, however, this is not an appropriate use of this type of medication. Therefore, there is no medically necessity to continuing this medication chronically.

Norco 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had reported to his provider that he stopped the Norco due to it not being noticeably effective at treating his pain. This alone would justify discontinuation of prescribing the medication, but also there was no documented evidence of functional or pain-reducing benefits recently leading up to this request. Therefore, the Norco is not medically necessary to continue and using the leftover pills at home as needed without refills seems reasonable.