

Case Number:	CM14-0168915		
Date Assigned:	10/17/2014	Date of Injury:	02/26/2014
Decision Date:	12/04/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/13/2014

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 injured worker is a 53 year old female who was injured on 2/26/2014. She was diagnosed with right internal knee derangement and medial meniscus tear of the right knee. She was treated with physical therapy, surgery (right knee arthroscopy/partial medial meniscectomy), NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), muscle relaxants, and opioids. Months later on 8/19/14, she was seen by her primary treating physician for a follow-up, reporting that she was not working but had improved somewhat. However, she still experienced sharp pain in her right knee as well as back pain. Physical examination findings included tenderness of the lumbar area and medial joint line of the right knee. She was then prescribed Tramadol/Acetaminophen and Tizanidine, both of which had been used by the worker since approximately 5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37/325 MG #60: Upheld

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

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, there was insufficient evidence that this complete review was completed at the office visit on 8/19/2014. There was no documented report on how the worker used Ultracet and what if any amount of functional improvement came from its use as well as pain reduction. This report on a measurable functional benefit is required for continuation of Ultracet to be justified. Therefore, the request for Ultracet is not medically necessary.

Zanaflex 4 MG #60: Upheld

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

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, she had been prescribed Zanaflex since 5/2014, although it is unclear as to how the worker used it. Assuming she used it regularly, which is implied by the prescription request, this is not a recommended use for this medication. Also, there is no evidence to suggest the worker was experiencing an acute exacerbation of her pain which might have warranted a short course of Zanaflex. Therefore, the request for Zanaflex is not medically necessary.