

Case Number:	CM14-0170598		
Date Assigned:	10/20/2014	Date of Injury:	07/30/2010
Decision Date:	12/26/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 58-year-old female with a 7/30/10 date of injury. According to the most recent progress report provided for review, dated 6/4/14, the patient complained of left knee and lower back pain. Objective findings: positive swelling to left knee and leg with limited range of motion, tenderness to left knee as well as the lower leg. Diagnostic impression: internal derangement of knee, tear of lateral meniscus of knee. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/3/14 modified the requests for Norco and Flexeril to certify a one-month supply for weaning purposes. Regarding Norco, there was no documentation of significant objective benefit from use of this medication. Regarding Flexeril, this medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or ██████ monitoring. Furthermore, the most recent medical record provided for review is from 6/4/14. There were no recent reports provided to assess the patient's current condition in order to establish the medical necessity of this medication. Therefore, the request for Norco 10/325mg #60 was not medically necessary.

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, the most recent medical record provided for review is from 6/4/14. There were no recent reports provided to assess the patient's current condition in order to establish the medical necessity of this medication. In addition, it is unclear how long this patient has been taking Flexeril. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Flexeril 10mg #30 was not medically necessary.