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| Case Number: | CM14-0180559 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 06/09/2012 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 10/27/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 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:

This injured worker's date of injury is 06/09/2012. This patient receives treatment for chronic right knee pain. The original injury occurred with a twisting motion. The patient complains of a burning sensation in the bottom of the right foot. A right knee MRI on 08/01/2012 showed a bone contusion. Plain (x-ray) films were negative. Medications include: Norco, Motrin, and Flexeril. Physical therapy was requested; however, there is no documentation of any received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: 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): 80-84.

Decision rationale: This patient receives an opioid for the long-term management of chronic pain. This patient's date of injury is 06/09/2012. According to clinical studies, treating chronic pain with opioids does not restore function and exposes the patient to the problems of drug tolerance, addiction, dependence and aberrant drug behavior. Norco is not medically indicated.

Flexeril 10 mg # 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Cyclobenzaprine is a muscle relaxer, specifically an anti-spasmodic. Cyclobenzaprine is recommended for short-term treatment only. Its greatest benefit is in the first 4 days of treatment. Its use is associated with side effects, including drowsiness, dry mouth and urinary retention. Cyclobenzaprine is not medically indicated.