

<b>Case Number:</b>	CM14-0031226		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 12/01/2010. The mechanism of injury was not provided. On 01/22/2014, the injured worker presented with increased pain and swelling to the Achilles tendon on the right. Upon examination, there was swelling and tenderness noted at the right Achilles tendon approximately 1 inch proximal to its insertion onto the calcaneus. There was increased right ankle Achilles tendon pain reported upon dorsiflexion and plantarflexion, antalgic gait was noted with the injured worker favoring her right lower extremity, and tenderness over the lumbosacral spine over the bilateral lumbar paraspinal musculature. The diagnoses were 4 mm herniated disc of lumbar spine, sacroilitis bilaterally, internal derangement of the right knee, sprain/strain versus fracture of the right ankle, and left knee sprain/strain with tricompartmental osteoarthritis and chondromalacia of the patella. The prior treatment included medications such as Norco, Flexeril, Lodine, and a request for a urine drug screen to be performed on the next visit. The provider recommended Norco 10/325 mg, Lodine 500 mg, and Flexeril 10 mg. The provider's rationale was not provided. The request for authorization form was dated 01/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Quantity: 400:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg with quantity of 400 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and side effects. The injured worker has been prescribed Norco since at least 12/18/2013, the efficacy of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

**Lodine 500mg (#60, x3 refills) Quantity: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 71.

**Decision rationale:** The request for Lodine 500 mg (#60, x3 refills) quantity: 240 is not medically necessary. The California MTUS Guidelines recommend Lodine for osteoarthritis. A therapeutic response may not be seen for 1 to 2 weeks. The injured worker has been prescribed Lodine since at least 12/2013, the efficacy of the medication was not provided. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual worker's treatment goals. There is lack of evidence of an adequate pain assessment that would include significant pain relief, functional improvement, and side effects to determine the necessity of continued use. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

**Flexeril 10mg (#90, x3 refills) Quantity: 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for Flexeril 10 mg (#90, x3 refills) quantity: 360 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The request for Flexeril 10 mg with a quantity of 90 and 3 refills exceed the guideline recommendation of short-term therapy. The injured worker has been prescribed Flexeril since at least 12/2013, and the efficacy of the medication was not

provided. Additionally, the provider's request does not specify the frequency of the medication. As such, the request is not medically necessary.