

Case Number:	CM14-0039217		
Date Assigned:	06/27/2014	Date of Injury:	07/23/2010
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal 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:

The patient is a 67-year-old female with a 7/23/10 date of injury. On 1/17/14 there were complaints of left knee pain, as well as complaints of insomnia secondary to pain. Remeron improves sleep. Pain levels are 8/10, however Vicodin decreases pain to 3/10, which makes it more manageable, and allows the patient be more functional. The patient is working full-time. Clinically there was reduced range of motion. She is pending left knee arthroscopy. An MRI dated 1/7/14 of the left knee revealed a small joint effusion, mild tricompartmental osteoarthritis, medial meniscus tear, minimal chronic ACL changes, distal quadriceps insertion tendinosis, and minimal insertional tendinosis. The treatment to date has included activity modification, steroid and viscosupplementation injections, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg, #80: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The medical necessity has been met for the requested medication. This request previously obtained an adverse determination due to lack of documentation indicating proper opioid monitoring. There was no CURES report, UDS, and lack of discussion regarding side effects and aberrant behavior. The CA MTUS requires documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. However, multiple progress notes described significant pain relief, from 8/10 to 3/10. The patient has had significant conservative treatment for the left knee, including injections. She is pending surgery for the left knee, however continue to work full time. The pain management is necessary in order to allow the patient to remain functional. The request is substantiated. As such, the request is medically necessary.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical necessity for the requested muscle relaxant is not established. The patient has been utilizing Flexeril for some time for muscle spasms, however the CA MTUS does not support long-term use of muscle relaxants for chronic pain management. There is little discussed regarding duration of use, efficacy, or an acute exacerbation, requiring short-term use of muscle relaxants. The request is not substantiated. As such, the request is not medically necessary.