MAXIMUS Federal Services

Case Number:	CM14-0065280		
Date Assigned:	07/11/2014	Date of Injury:	10/23/2010
Decision Date:	08/13/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 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:

According to the records made available for review, this is a 52-year-old female with a 10/23/10 date of injury, and left knee arthroscopy with synovectomy, chondroplasty of the medial and lateral femoral condyle, and loose body removal on 9/27/13. At the time (4/14/14) of request for authorization for Vicodin 10.5/325mg quantity:60 with 2 refills and Flexeril 10mg quantity:30 with 2 refills, there is documentation of subjective (knee, hip, and back pain) and objective (limited range of motion of cervical spine, tenderness over the joint line of the left knee, and tenderness over the right hip) findings, current diagnoses (left hip pain with possible labral tear, lumbar sprain/strain with disk disease, cervical sprain/strain with disk disease, and right hip pain), and treatment to date (medications (including ongoing treatment with Vicodin and Flexeril since at least 11/19/13) and physical therapy). Medical report identifies that medications provide pain relief and are needed for activities of daily living and home exercise program. Regarding Vicodin, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Flexeril, there is no documentation of muscle spasm or acute exacerbation of chronic low back pain and Flexeril used as a second line option for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 10.5/325mg QTY:60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left hip pain with possible labral tear, lumbar sprain/strain with disk disease, cervical sprain/strain with disk disease, and right hip pain. In addition, there is documentation of ongoing treatment with Vicodin. Furthermore, given documentation of Vicodin providing pain relief and needed for activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Vicodin use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 10.5/325mg quantity: 60 with 2 refills is not medically necessary.

Flexeril 10mg QTY:30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of left hip pain with possible labral tear, lumbar sprain/strain with disk disease, cervical sprain/strain with disk disease, and right hip pain. In addition, there is documentation of ongoing

treatment with Flexeril. Furthermore, given documentation of Flexeril providing pain relief and needed for activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Flexeril use to date. However, there is no documentation of muscle spasm or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 11/19/13, there is no documentation that Flexeril is used as a second line option for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg QTY:30 with 2 refills is not medically necessary.