

Case Number:	CM14-0085526		
Date Assigned:	07/23/2014	Date of Injury:	07/19/2011
Decision Date:	09/30/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 30 year old male who reported an injury on 07/19/2011. The mechanism of injury was not provided. His diagnoses were listed as right knee internal derangement, sciatica, and lumbar sprain. The past treatment included medication and 15 post-operative physical therapy visits. His diagnostic studies were a MRI of the right knee on 06/18/12 which revealed both medial and lateral meniscus tear. The surgical history noted a right knee Arthroscopy on 02/25/2013. On 03/28/2014, the injured worker complained of constant pain and the feeling of pins and needles in his leg and knee. He reported that the sensation of pins and needles began about a year ago. Upon physical examination, he was noted to have swelling around the knee and restricted range of motion with extension at 10 degrees and flexion at 60 degrees. The range of motion and reflex examinations to the lumbosacral spine could not be performed due to pain. The motor examination was not able to be tested due to the injured worker's weakness and pain. The medications were listed as Voltaren, Norflex, Norco, and Ambien. The treatment plan was to refill the medications and a lumbosacral MRI. The rationale for the request was not provided. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80 88-89.

Decision rationale: The request for Norco 10/325 mg #180 retro 03/27/2014 is not medically necessary. The California MTUS Guidelines states that opioids for chronic back pain, it appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. The benefit for physical function was small and was considered questionable for clinical relevance. The injured worker reported constant severe pain, and was unable to complete physical examinations due to pain. The clinical notes indicate that he has been using the medication since at least October of 2013. The documentation had a lack of evidence of significant pain relief, objective functional improvements, appropriate medication use, and side effects. The guidelines also state that satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Additionally, the documentation failed to provide evidence of monitoring for drug compliance, such as a urine toxicology screening. Lastly, there is no frequency to support the request. Therefore, the request is not medically necessary.

Norflex 100mg #60: Upheld

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

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

Decision rationale: The request for Norflex 100 mg #60 retro 03/27/2014 is not medically necessary. The California MTUS Guidelines may recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Norflex is noted to have greater anticholinergic effects like drowsiness, urinary retention, and dry mouth. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The injured worker did not have documentation of muscle spasms, and the clinical notes indicate that the patient has been using the medication since February of 2014. The guidelines note this medication is not recommended for long-term use and that in most cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The documentation indicated the medication has been used over the last six month period, and provided no evidence of increased function or decreased pain to support the request. In addition, there is no frequency provided. Therefore, the request is not medically necessary.

Ambien 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Insomnia Treatment, and Zolpidem.

Decision rationale: The request for Ambien 5 mg #60 retro 03/27/2014 is not medically necessary. The Official Disability Guidelines state that use of pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Ambien is approved for the short term treatment of insomnia, usually two to six weeks. There is concern that they may increase pain and depression over the long-term the specific component of insomnia should be addressed like sleep onset, sleep maintenance, sleep quality, and next-day functioning. The injured worker did report that he could not sleep on his office visit in January and the Ambien was prescribed. The clinical documentation did not adequately provide the specific component of the injured worker's insomnia such as sleep onset, sleep maintenance, and sleep quality and next-day functioning. In the absence of an evaluation of potential causes of sleep disturbance, the efficacy of the medication and since the injured worker has been using the medication since January and the guidelines only recommend it for short term use the request is not supported at this time. Additionally, the request did not provide a frequency. Therefore, the request is not medically necessary.