

Case Number:	CM14-0111277		
Date Assigned:	08/01/2014	Date of Injury:	05/12/2013
Decision Date:	01/05/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Medicine and is licensed to practice in Texas and 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:

This is a 28-year old male who suffered an industrial related injury on 5/12/13. A physician's report dated 10/2/13 noted the injured worker had complaints of intermittent sharp right knee pain with buckling and instability. The patient was also diagnosed with anxiety, depression and PTSD that is being treated by psychiatrists. The injured worker was taking Norco 10/325 and Motrin 800mg. The physical examination revealed decreased range of motion, swelling, deformity, and an abnormal meniscus of the right knee. No ecchymosis or erythema was present. Medial joint line, lateral joint line, and patellar tendon tenderness was noted. An anterior drawer test was positive and the posterior drawer test was negative. Diagnoses included derangement of the knee, anterior cruciate ligament tear, strain of knee, strain of hamstring muscles, and acute stress reaction due to assault. The work status was modified. The treatment plan included follows up with a psychiatrist, follow up with an orthopedic specialist, a knee brace, and a home exercise program. A chiropractic report dated 11/6/13 noted the injured worker had complaints of left arm pain, left elbow pain, low back pain, right knee pain, and right leg pain. An orthopedic specialist report dated 1/7/14 noted diagnoses of right knee ACL tear, right knee mechanic sprain/strain, left arm/biceps tendon rupture, left shoulder sprain/strain, left shoulder mild impingement, left elbow sprain/strain, and lumbar spine sprain/strain. The injured worker was noted to be temporarily totally disabled. A MRI of the lumbar spine done on 1/20/14 showed straightening of the lumbar spine, early disc desiccation noted at from L1-L4, reduced intervertebral disc height noted at L1-L2, Schmor's node was noted at L1-L4, Modic type II endplate degenerative changes noted at L3-L4, L2-L3 diffuse disc protrusion with right preponderance effacing the thecal sac. A MRI of the elbow done on 1/20/14 was noted to be unremarkable. A MRI of the shoulder done on 1/22/14 revealed supraspinatus tendinosis and mild posterior displacement of the humeral head with respect to the glenoid on the

internal/external rotation kinematic sequences. A MRI of the right knee done on 1/22/14 revealed a bucket handles tears of the lateral meniscus and pes anserine tendinosis. On 6/18/14 the utilization review (UR) physician denied the request for Norco 10/325mg #180, Fexmid 7.5mg #90, and Restoril 30mg #60. The UR physician noted the injured worker sustained his injury 13 months prior and there was no documentation provided that indicated an acute exacerbation of pain or spasm during that time had occurred. In addition the UR physician noted the Medical Treatment Utilization Schedule guidelines note that skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Regarding Norco the UR physician noted the records provided do not specify the injured worker has set goals regarding the use of opioid analgesics. Also there is no documentation of a treatment failure with non-opioid analgesics. The UDS dated 1/7/2014 was negative for prescribed medications. The UR physician also noted there were no records provided that documented the response in regards to pain control and functional improvement to opioid analgesics.

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 CA MTUS Chronic Pain, Opioids, criteria for use Page(s): pages 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative medications. The records did not include the required documentation during chronic opioid treatment such as compliance monitoring measures, Pain Contract, Pills Count, absence of aberrant drug behavior and adverse effects. The records indicate that the patient had utilized opioids for many years. The UDS report was inconsistent with absence prescribed of prescribed hydrocodone. The patient is utilizing other sedative medications. There are significant psychosomatic disorders that increased the incidence of opioid related complications. The Norco 10/325mg #180 is not medically necessary.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Muscle relaxants (for pain) Page(s): pages 63 - 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized muscle relaxants longer than the recommended maximum 3 weeks period. The patient is also utilizing opioids and other sedatives. The Fexmid 7.5mg #90 is not medically necessary.

Restoril 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Benzodiazepines, Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend the benzodiazepines can be utilized for short term use for the treatment of anxiety and insomnia. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Restoril longer than the recommended 3-4 weeks period. There is no documentation of the indication for the use of the medication. The UDS report did not show the presence of benzodiazepines. The guidelines recommend that antidepressant medications with anxiolytic and analgesic properties such as duloxetine are more effective in chronic pain treatment. The Restoril 30mg #60 is not medically necessary.