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| Case Number: | CM14-0139719 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 02/15/2013 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

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 Rehab, has a subspecialty in Interventional spine 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 61 year old female with an injury date of 02/15/13. Per the 07/16/14 report the patient presents with ongoing bilateral knee pain rated 4-8/10 and spine pain with some spasms rated 4-7/10. The patient's gait is mildly antalgic. The reports do not state if the patient is working. Examination shows tenderness to palpation about the midline and paraspinal regions of the cervical spine and positive paraspinal muscle spasm. For the bilateral shoulders there is positive subacromial bursitis, and there is mild discomfort at the thoracic paraspinals with positive muscle spasm. Examination of the bilateral knees reveals painful patellofemoral crepitus with motion and positive McMurray's creating medial and lateral joint line pain. The patient's diagnoses include: 1. Moderate to severe bilateral knee degenerative joint disease 2. Right knee lateral meniscus tear 3. Bilateral shoulder subacromial bursitis 4. Cervical strain 5. Lumbar strain Medication on 07/16/14 is listed as Norco and Cyclobenzaprine. The 08/12/14 report also shows use of Tramadol and an unnamed NSAID and PPI. The utilization review being challenged is dated 08/06/14. Progress reports were provided from 10/03/13 to 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with bilateral knee pain rated 4-8/10 and spine pain and spasms rated 4-7/10. The current request is for NORCO 10/325 mg #90. This request is Hydrocodone (an opioid), and is per report of unknown date. The utilization review states the date of request is 07/31/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It is unclear from the reports provided how long the patient has been taking this medication. The 06/18/14 report states the patient would like to use opiates for pain and subsequent reports show use of Norco and Tramadol. None of the progress reports 10/04/13 to 05/07/14 indicate use of opioids. However, UDS review reports from 10/09/13 and 09/11/13 are provided and show the presence of Hydrocodone, Hydromorphone and Norhydrocodone. It is not known if these drugs were prescribed at that time. The treater does not mention any inconsistent results. Apparently, this patient is a long-term user of opioids with a possible hiatus for an unknown period of time. The reports do show the routine assessment of pain through the use of pain scales. Progress reports from 01/16/14 to 07/16/14 rate pain as follows: 7/10, 4-6/10, 6-7/10, 4-8/10 and 4-8/10. The treater states that following the start of Tramadol ER the patient uses Norco only for breakthrough pain and consumption has decreased from up to 5/day to no greater than 2-3/day. However, the treater only discusses the use of Tramadol as significantly reducing the patient's pain 4-5 points, and does not state if or how Norco helps the patient. The 08/12/14 report states the following regarding ADL's, "Medication at current dosing facilitates maintenance of ADL's with examples provided including light household duties, shopping for groceries, grooming and cooking. Recalls times that without medication ADL's were in jeopardy and does give examples. Recalls frequent inability to adhere to recommended exercise regime without medications on board, due to pain, now maintained with medication." Opiate management issues are partially addressed. The treater states on 08/12/14 that there are no side effects with use of Norco and on 07/16/14 the treater requests for a UDS. This report is not included. Prior UDS's are provided. However, the treater does not discuss adverse behavior. No outcome measures are provided. It does not appear that there is sufficient documentation of analgesia and adverse behavior for Norco as required by MTUS. The request IS NOT medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The patient presents with bilateral knee pain rated 4-8/10 and spine pain and spasms rated 4-7/10. The current request is for Cyclobenzaprine 7.5 mg #90. This request is per

07/16/14 report. The 08/06/14 utilization review modified this request from #90 to #20. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. "MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The 07/16/14 report states regarding this medication, "The patient does have spasms and this is an attempt to relieve these spasms." It appears the patient is just starting this medication 07/16/14. On 08/12/14 the treater states the medication decreases spasm for approximately 4-6 hours, improves function and decreases pain 2-3 point average on a scale of 10. The patient does present with lower back pain for which this medication is indicated and it does appear to be second line treatment as the patient is using opioids for pain and an NSAID is discussed. However, the treater does not state Cyclobenzaprine is for short term use. The request for #90 at "1. p.o. t.i.d. pr.r.n. Muscle spasm" per 07/16/14 report indicates use is for longer than the 2-3 weeks recommended by MTUS. Therefore, the request IS NOT medically necessary.