

<b>Case Number:</b>	CM14-0193239		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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 an injured male with date of injury 08/22/08. The treating physician report dated 10/02/14 (14) indicates that the patient presents with pain affecting both knees. The physical examination findings reveal significant crepitus, and pain throughout the bilateral knees. Patient had an MRI done on the left knee back on 09/09/14 which shows a tear to the anterior and posterior horns of the medial meniscus as well as osteoarthritis of the medial compartment, chronic tendinosis, and chondromalacia patella. Patient suffers from a traumatic brain injury with cognition issues, MMSE exam on 04/29/13 is 24/30. MRI of the brain without contrast dated 05/31/13 shows atrophic changes as well as edema pattern on the left frontal region, most likely a result of prior trauma. The current diagnoses are: Traumatic brain injury, Right knee pain, Left lower extremity pain and Left knee pain. The utilization review report dated 10/21/14 denied the request for Norco and Flexeril based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg; 4 a day #240, 2month supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for Norco 10/325mg; 4 a day #240, 2 month supply. The treating physician indicates that the current request is to help the patient deal with their chronic pain. The MTUS guidelines recommend the usage of Norco for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The treating physician report dated 10/2/14 indicated that the patient's medication documentation had not changed from the previous report dated 8/7/14. Review of the 8/7/14 report documented that the patient had decreased pain from a 6 to a 4 with Norco usage. ADLs were discussed and showed improvements. Additionally, the physician documented that the patient did not have any side effects or aberrant behaviors and the urine drug screening was consistent. The physician in this case has provided documentation of functional improvements and has shown medical necessity of continued Norco usage per the MTUS guidelines. Therefore, this request is medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for Flexeril 10mg #30. The treating physician indicates that the current request is to help with muscle flares. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient has been taking this medication since at least 08/07/14 which is beyond the guideline recommendations. Therefore, this request is not medically necessary.