

Case Number:	CM14-0198204		
Date Assigned:	12/08/2014	Date of Injury:	05/14/2009
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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, 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 47 year old female with an injury date on 05/14/2009. Based on the 09/18/2014 progress report provided by the treating physician, the diagnoses are: 1. Right knee total arthroplasty with partial ankylosis. 2. Left knee internal derangement. 3. Lumbar discogenic disease. 4. Lumbar radiculopathy. 5. Chronic low back pain. 6. Status post right arthroscopic debridement and manipulation. 7. Status post left TKA persistent pain. According to this report, the patient complains of "bilateral knee pain, low back pain and bilateral lower extremity radicular pain." Exam of the lumbar spine reveals painful and limited range of motion. Lasegue and Straight leg raise test are positive, bilaterally. Tenderness and spasm is noted over the lumbar paraspinal musculature. Exam of the bilateral knee reveals tenderness to palpation over the joint lines. Range of motion of the right knee is 0-115 degrees and left knee is 10-100 degrees. The examination findings are unchanged from the 07/25/2014 and 08/21/2014 reports. The treatment plan is to continue with her chronic pain management, refill medications, needs home health assistance, continue TENS unit, and return in four weeks for follow-up. The patient's disability status is "remains temporarily totally disabled." There were no other significant findings noted on this report. The utilization review denied the request for (1) Norco #120, (2) Nucynta #180, and (3) Norflex #60 11/04/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 02/28/2014 to 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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: According to the 09/18/2014 report, this patient presents with "bilateral knee pain, low back pain and bilateral lower extremity radicular pain." The current request is for Norco 10/325 mg #120. This medication was first mentioned in the 01/30/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the treating physician indicates "With medications, pain decreases less than 50% and the patient is more functional; otherwise bedridden." Other than these, the report do not show documentation of pain assessment; no numerical scale is used describing the patient's function. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document the 4 A's as required by MTUS. Therefore, the request for Norco is not medically necessary.

Nucynta 100 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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: According to the 09/18/2014 report, this patient presents with "bilateral knee pain, low back pain and bilateral lower extremity radicular pain." The current request is for Nucynta 100mg #180. This medication was first mentioned in the 01/30/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the treating

physician indicates "With medications, pain decreases less than 50% and the patient is more functional; otherwise bedridden." Other than these, the report do not show documentation of pain assessment; no numerical scale is used describing the patient's function. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly document the 4 A's as required by MTUS. Therefore, the request for Nucynta is not medically necessary.

Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 66.

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

Decision rationale: According to the 09/18/2014 report, this patient presents with "bilateral knee pain, low back pain and bilateral lower extremity radicular pain." The current request is for Norflex 100mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Norflex #60; the patient has been prescribed Norflex since 01/30/2014. This medication is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the request for Norflex is not medically necessary.