

Case Number:	CM14-0198906		
Date Assigned:	12/18/2014	Date of Injury:	06/09/2008
Decision Date:	01/31/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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 44 year old male with an injury date of 06/09/08. Based on the 09/26/14 progress report, the patient complains of chronic left knee pain and lumbar spine pain. The 10/24/14 report says that the patient has a decreased lumbar flexion to mid-thigh and left knee squat to 90 degrees holding onto the table. There is tenderness to palpation to the midline of the lower spine with paraspinal tightness. He has decreased sensory at L4, L5, and S1 on the left. He is tender at the internal jointline with a positive McMurray for the internal meniscus. The 11/13/14 report provided no new exam findings. The patient's diagnoses include the following: Post op chronic pain back Discogenic back Lumbar radiculitis L4-5 and L5-S1 Chronic left knee pain Internal meniscal tear of the left knee s/p surgeries x 3 2009 Depression The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 01/07/14- 12/12/14. The reports provided were brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: 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 chronic left knee pain and lumbar spine pain. The request is for Cyclobenzaprine 7.5 mg #60. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." There was no discussion provided regarding how Cyclobenzaprine has impacted the patient's pain and function. Furthermore, MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Cyclobenzaprine as early as 07/11/14 which exceeds the time frame provided by MTUS guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.

Norco 5/325mg #20: Upheld

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

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

Decision rationale: The patient presents with chronic left knee pain and lumbar spine pain. The request is for Norco 5/325 mg #20. The patient has been taking Norco as early as 01/07/14. MTUS Guidelines pages 88, 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. In this case, none of the 4 A's were addressed as required by MTUS. The treating physician fails to provide any pain scales. There are no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco IS NOT medically necessary.