

Case Number:	CM14-0200255		
Date Assigned:	12/11/2014	Date of Injury:	04/25/2011
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 27, 2011. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for Flexeril, approved a request for Senna, approved a Toradol injection, approved OxyContin, denied Norco, approved ibuprofen, denied famotidine, and approved Colace. The claims administrator stated that its decisions were based on a September 22, 2014 progress note. The applicant's attorney subsequently appealed. On April 24, 2014, the applicant reported persistent complaints of low back pain and left knee pain, constant, 10/10. The applicant was status post left knee surgery, but had residual ACL tear and lumbar radiculopathy, the attending provider posited. Soma, Percocet, Ativan, and Neurontin were endorsed. On November 12, 2014, the applicant reported persistent complaints of low back, knee, and leg pain. Psychological stress was also evident. 8/10 pain complaints were reported. Knee brace and ultrasound-guided knee corticosteroid injection was endorsed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. On November 26, 2014, the applicant reported ongoing issues with chronic low back pain, knee pain, and possible complex regional knee pain syndrome. The applicant was placed off of work, on total temporary disability. The applicant had undergone a total knee arthroplasty, the date of which was not clearly outlined. On November 24, 2014, the applicant reported persistent complaints of low back and left knee pain. The applicant was using a cane to move about. The applicant had undergone total knee arthroplasty in May 2014, it was suggested on this occasion. The applicant was asked to continue OxyContin, Flexeril, and Motrin, along with additional physical therapy. Colace, Pepcid, Motrin, Norco and OxyContin were renewed at the bottom of the report. The applicant's pain was excruciating, constant, intense, and severe, it was stated. The applicant's

gastrointestinal review of systems was negative for any nausea, constipation, or GI upset, it was explicitly stated on the October 27, 2014 progress note. On September 22, 2014, the applicant again reported persistent complaints of low back and knee pain, deep, aching, and throbbing. The applicant was visibly tearful. The applicant had superimposed issues with epilepsy, prior stroke, and depression. The applicant was asked to continue OxyContin, Norco, Flexeril, and Motrin, which the attending provider posited were reducing the applicant's pain by 60%. The applicant nevertheless reported 10/10 pain while in the clinic. The applicant's gastrointestinal review of the systems was negative for nausea, constipation, or GI upset, it was explicitly stated on this occasion. The applicant was given a Toradol injection for excruciating pain, while OxyContin, Flexeril, Motrin, and constipation medications were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine and Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including OxyContin, Motrin, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of the cyclobenzaprine (Flexeril) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has consistently been placed off of work on total temporary disability, throughout 2014. The attending provider's comments that the applicant is deriving appropriate analgesia without ongoing medication consumption are seemingly belied by contradictory reports on multiple office visits, referenced above, that the

applicant presented with severe, excruciating, and constant 10/10 knee and low back pain. The fact that the applicant is having difficulty performing activities of daily living as basic as standing and walking, furthermore, likewise argue against the proposition that ongoing usage of Norco had been beneficial here. The attending provider, in short, has failed to outline any meaningful improvements in function achieved as a result of the ongoing opioid therapy, including ongoing Norco usage. Therefore, the request was not medically necessary,

Famotidine 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as famotidine are indicated to combat issues with NSAID-dyspepsia, in this case, however, several progress notes, referenced above, were notable for comments that the applicant explicitly denied symptoms of reflux, heartburn, dyspepsia, or other GI issues, including on September 22, 2014 and on October 27, 2014. Therefore, the request for famotidine was not medically necessary.