

Case Number:	CM14-0202269		
Date Assigned:	12/12/2014	Date of Injury:	10/23/2000
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 57-year-old male, with a reported date of injury of 10/23/2000. The results of the injury were right knee and elbow pain. The current diagnoses include knee degenerative joint disease, and elbow joint pain. Treatments have included chiropractic care; Flexeril 10mg; and Norco 7.5/325mg. The progress report (PR-2) dated 10/03/2014 indicates that the injured worker complained of bilateral knee, left elbow, and neck pain. It was noted that the medications helped to reduce the pain, and allowed the injured worker to function better in his activities of daily living. Documentation indicated that there was new pain in the posterior knee. The treating physician indicated that the injured worker's medications would be refilled, since there was no evidence of abuse, diversion, hoarding, or impairment. The medical records included the lab reports dated 06/10/2014 and 07/11/2014. On 11/20/2014, Utilization Review (UR) denied the request for Flexeril 10mg and Pennsaid 120mg/gram/actuation (2%) (Topical solution in metered-dose pump, 2 units). The UR physician noted that there was no documentation of subjective or objective findings of muscle spasms, and no documentation of why the injured worker needed a topical medication versus an oral medication. The Chronic Pain Guidelines and Official Disability Guidelines were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril 10mg #60, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit as a result of the cyclobenzaprine, and there is no discussion of side effects. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 10mg #60 is not medically necessary.

Pennsaid 120mg/gram/actuation (2%) (Topical solution in metered-dose pump, 2 units) Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Pennsaid 120gm/gram/actuation (2%) #30, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) from the use of Pennsaid. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Pennsaid is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Pennsaid 120gm/gram/actuation (2%) #30 is not medically necessary.