

Case Number:	CM14-0206958		
Date Assigned:	12/18/2014	Date of Injury:	04/16/2012
Decision Date:	05/22/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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: Orthopedic Surgery, Sports Medicine

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 59-year-old male who reported an injury on 04/16/2012. The mechanism of injury was the injured worker twisted his right lower extremity while coming down from a ladder. The injured worker's diagnoses included lumbar sprain and strain and spondylosis and status post right knee total arthroplasty and left knee medial meniscal tear. Prior therapies included medications, work restrictions, rest, heat and ice, a home exercise program, chiropractic care and physical therapy. The injured worker was noted to have undergone multiple surgical interventions for the bilateral knees. The injured worker underwent lumbar surgery in 1994. The injured worker had undergone urine drug screens. The documentation of 11/12/2014 revealed the injured worker had complaints of lumbar spine pain and bilateral knee pain. The injured worker's current medications were noted to include temazepam, hydrocodone, and cyclobenzaprine. The physical examination revealed the injured worker had tenderness to palpation over the paraspinal muscles and the SI joint, PSIS area and the buttocks were tender to palpation and there were palpable spasms. The injured worker had decreased range of motion of the lumbar spine. The injured worker had 100 degrees of flexion on the right knee and 120 degrees of flexion on the left knee. The diagnoses included musculoligamentous lumbar spine sprain and strain, lumbar spondylosis, history of total arthroplasty right knee and medial meniscus tear. The treatment plan included Norco 10 mg #120, cyclobenzaprine 10 mg #90, temazepam 30 mg #30, a left knee diagnostic arthroscopy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, #90, no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication was a current medication for the injured worker. There was a lack of documentation indicating objective functional benefit that was received. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 10 mg #90 with no refills is not medically necessary.

Temazepam 30mg, #30, no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. This medication would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for temazepam 30 mg #30 no refill is not medically necessary.

Norco 10/325 mg. #120, no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease

in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg 120 no refill is not medically necessary.