

Case Number:	CM14-0209909		
Date Assigned:	12/22/2014	Date of Injury:	12/22/2011
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 patient is a year old who was injured on 12/22/2011. The diagnoses are cervical strain, lateral epicondylitis, knee strain and anxiety disorder. On 12/3/2014, [REDACTED] noted subjective complaint of low back and knee pain. There were objective findings of right knee effusion and tenderness to palpation. The medications listed are Norco and Flexeril. The available clinic notes were very brief with no documentation of quantifiable / qualitative measurement of pain, UDS or compliance monitoring. A Utilization Review determination was rendered on 12/11/2014 recommending modified certification for Norco 10/325mg #120 2 refills to no refill and Flexeril 10mg #30 2 refills to no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120, refills:2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, opioid induced hyperalgesia, sedation and adverse interaction with other sedatives. The records did not show subjective or objective findings consistent with exacerbation of severe musculoskeletal pain. There is no documentation of failure of NSAIDs and PT. There is no documentation of guidelines required compliance monitoring measures such as UDS, Pills count, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #120 2 refills was not met. The guidelines recommend that standard safe weaning protocol be utilized when patients are being weaned from opioid medications.

Flexeril 10mg #30 refills:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 54.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbations of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxant is associated with the development of tolerance, dependency, addiction and interaction with opioids. The records show that the patient had utilized Flexeril longer than the guidelines recommended maximum period or 4 weeks. There is no documentation of subjective or objective findings indicating severe exacerbation of pain. There is no documentation of failed treatment with NSAIDs and PT. The criteria for the use of Flexeril 10 mg #30 2 refills was not met.