

Case Number:	CM15-0019042		
Date Assigned:	02/06/2015	Date of Injury:	11/28/2007
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female who reported an injury on 11/28/2007. The mechanism of injury involved repetitive lifting. The injured worker is status post right knee surgery with recurrent internal derangement, left knee internal derangement, lumbar discogenic disease, cervical discogenic disease, left upper extremity radiculopathy, and chronic pain syndrome. The injured worker presented on 11/13/2014 for a followup evaluation with complaints of low back pain, neck pain, bilateral knee pain, and numbness in the bilateral upper and lower extremities. Upon examination of the cervical spine, there was painful and decreased range of motion, palpable spasm, facet tenderness, radiculopathy in the C5-7 distributions, decreased sensation, and tenderness over the cervicotracheal ridge. Examination of the lumbar spine also revealed painful and limited range of motion with spasm, positive straight leg raise, positive Lasegue's test, and pain at the right L4-S1 region. Examination of the bilateral knees revealed positive McMurray's sign on the right, patellofemoral crepitation bilaterally, positive Apley's sign on the left, and tenderness over the joint line on the left. Recommendations included a refill of the current medication regimen of Norco 10/325 mg, Prilosec 20 mg, Restoril 30 mg, lidocaine 5% patch, and Flexeril 7.5 mg there was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of nonopioid analgesics. There was no evidence of significant functional improvement despite the ongoing use of this medication. There was also no documentation of a written consent or agreement for chronic use of an opioid. The request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.

Restoril 30mg #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term use is unproven and there is a risk of dependence. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines would not support long term use of a benzodiazepine. There was also no frequency listed in the request. As such, the request is not medically appropriate.

Lidocaine patches 5%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine has been FDA approved in the formulation of a dermal patch for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. In this case, there was no documentation of a failure of tricyclic or SNRI antidepressants or an anticonvulsant such as gabapentin or Lyrica. Therefore, the California MTUS Guidelines would not support the use of lidocaine patch 5%.

Additionally, there was no frequency listed in the request. Given the above, the request is not medically appropriate.

Flexeril 7.5mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines do not support long term use of a muscle relaxant. There was also no frequency listed in the request. As such, the request is not medically appropriate.