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| Case Number: | CM15-0138094 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 04/16/2012 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

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
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on April 16, 2012. The mechanism of injury was not provided in the medical records. The injured worker has been treated for bilateral knee complaints. The diagnoses have included status post left knee arthroscopy with partial medial and lateral meniscectomy and tricompartmental chondromalacia and synovectomy, a right knee arthroscopy with partial medial and lateral meniscectomy and tricompartmental chondromalacia and synovectomy, right knee degenerative joint disease, lumbar and cervical conditions (not accepted by the claim), anxiety and depression. Treatment and evaluation to date has included medications, radiological studies, Cortisone injections, viscosupplementation injections and physical therapy. Work status was noted to be permanent and stationary. Current documentation dated June 17, 2015 notes that the injured worker reported ongoing bilateral knee pain and weakness. The injured worker also noted depression and frequent panic attacks. Objective findings revealed a limited range of motion of the left knee. The treating physician's plan of care included requests for Flexeril 10 mg # 30 with 2 refills and Norco 7.5-325 mg # 120 (8 week supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine (also known as Flexeril) as a treatment modality. Flexeril is in the class of medications known as muscle relaxants. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that Flexeril is being used as a long-term treatment strategy for this patient's symptoms. Only short-term use is recommended. Therefore, for this reason, Flexeril #30 with 2 refills is not medically necessary. In the Utilization Review process the request was modified to allow for a short-course of Flexeril for an acute exacerbation. This action is consistent with the above cited MTUS guidelines.

Norco 7.5/325mg #120 (8 week supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 As for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of

alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 As for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco is not considered as medically necessary. In the Utilization Review process, the request was modified to allow for weaning from Norco. This action is consistent with the above cited MTUS guidelines.