

Case Number:	CM15-0140909		
Date Assigned:	08/04/2015	Date of Injury:	06/08/2012
Decision Date:	09/25/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/20/2015

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, Hawaii

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 62 year old female, who sustained an industrial injury on June 8, 2012. She reported low back and left knee injuries. The injured worker was diagnosed as having lumbar and pelvic area pain and left knee patellofemoral arthritis. On August 23, 2012, radiographs of the pelvis were unremarkable. On September 24, 2012, an MRI of the left knee revealed denudation of the articular cartilage over the patellar apex with subcortical cystic changes and subchondral eburnation. On September 27, 2012, an MRI of the lumbar spine was unremarkable. On October 15, 2012, an MRI of the thoracic spine revealed chronic appearing compression deformity at thoracic 8 with approximately 50% loss of height centrally and chronic appearing fracture deformity at thoracic 5 with approximately 10-15% loss of height centrally. There was slightly exaggerated thoracic kyphosis centered at the thoracic 8 compression deformity. On December 1, 2014, electrodiagnostic studies of the lower limbs revealed no abnormal findings. The medical records refer to radiographs of the lumbar spine being performed on January 21, 2015, but the results are not included in the provided documentation. Treatment to date has included physical therapy, a patellar-tracking knee brace, work modifications, a left knee steroid injection, a left hip steroid injection, viscosupplementation injections, and medications including opioid analgesic, antidepressants, and muscle relaxant. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of arthritis, emotional problems, benign bleeding disorders, and restless leg syndrome. On July 6, 2015, the injured worker reported constant low back and left knee pain. Her pain radiated down to her left leg and left hip joint. Her pain was rated 8-9 out of 10. She was wearing a patellar-tracking knee brace. The physical exam revealed no visible deformity or step off-of the lumbar spine, decreased lumbar range of motion with pain, tenderness to palpation of the paraspinal

musculature and spinous processes, and bilateral straight leg raises positive for pain. There was normal range of motion and pain, popping and crepitus with range of motion testing of the left knee. There was tenderness to palpation over the medial joint line, positive patellar compression, and negative provocative testing, except for localized medial joint line pain caused by McMurray's testing. There was normal motor testing and sensation. She is not currently working. Her work status is modified: No lifting, pushing, or pulling greater than 10 pounds. No crawling, kneeling, or climbing, and no sitting for more than 20 minutes of every hour. The treatment plan includes renewal of Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/35mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the left knee and low back. The current request is for Norco 10/325mg qty 120. The treating physician states in the report dated 7/6/15, "Norco 10/325mg one po qid #120." (43B) For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not documented if the patient has decreased pain, if the patient is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is not medically necessary.

Flexeril 10mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the left knee and low back. The current request is for Flexeril 10mg qty 90. The treating physician states in the report dated 7/6/15, "Flexeril 10mg one pot id #90." (43B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has prescribed this medication to the patient since at least 3/4/15 which exceeds the MTUS guideline of short course therapy. The current request is not medically necessary.