

Case Number:	CM15-0167784		
Date Assigned:	09/08/2015	Date of Injury:	11/07/2013
Decision Date:	10/26/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 injured worker is a 53 year old female, who sustained an industrial injury on 11-7-13. She has reported that initially she tripped and fell over children and landed on both knees on the concrete floor with immediate right knee swelling and left knee pain. The diagnoses have included contusion of bilateral knees, sprain and strain of bilateral knees, depression, sprain and strain of bilateral ankles. Treatment to date has included medications, activity modifications, work restrictions, diagnostics, consults, home exercise program and other modalities. Currently, as per the physician progress note dated 8-10-15, the injured worker complains of the left knee with increased pain in the past month and less pain in the right knee since getting cortisone injection 1-30-14. She reports increased pain and stiffness. The current medications included Flexeril, Norco, Lidoderm patches, and Naprosyn. The drug screen dated 1-9-15 was inconsistent with the presence of non-listed Tricyclics and benzodiazepines medications. The objective findings physical exam reveals from 5-7-15 to 8-10-15 pain and tenderness of the bilateral knees with swelling at times. The gait is antalgic and she walks without an assistive device. Work status is modified with restrictions. The physician requested treatments included Flexeril 10mg #30, Norco 7.5-325mg #30, Naprosyn 500mg #30 and Lidocaine patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain). 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 relaxant can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-sedative co-analgesics and PT. The chronic utilization of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the duration of utilization of muscle relaxants had exceeded the short-term period recommended by the guidelines. There is documentation of non-compliance as indicated by the inconsistent UDS report that showed non-listed sedatives such as Tricyclic antidepressant and benzodiazepines. The criteria for the use of Flexeril 10mg #30 were not met. Therefore, the request is not medically necessary.

Norco 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Medications for chronic pain, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioid can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non sedative co-analgesics and PT. The chronic utilization of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the duration of utilization of opioids had exceeded the short-term period recommended by the guidelines. There is documentation of non-compliance as indicated by the inconsistent UDS report that showed non-listed sedatives such as Tricyclic antidepressant and benzodiazepines. There is no documentation of objective findings of functional restoration. The criteria for the use of Norco 7.5/325mg #30 were not met. Therefore, the request is not medically necessary.

Naprosyn 500mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complication. The records indicate that the patient reported compliance and functional restoration with utilization of NSAIDs. There is no report of adverse medication effect. The criteria for the use of Naprosyn 500mg #30 were met. Therefore, the request is medically necessary.

Lidocaine patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to first line anticonvulsant and antidepressant medications. The records not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with first line medications. The guidelines recommend that chronic pain patients with psychosomatic symptoms be treated with anticonvulsant and antidepressant analgesic medications. The criteria for the use of Lidocaine patch 5% #30 were not met. Therefore, the request is not medically necessary.