

<b>Case Number:</b>	CM15-0181755		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 40 year old female, who sustained an industrial injury on 12-31-10. The injured worker was being treated for pain in joint of lower leg. On 7-22-15, the injured worker complains of continued sharp pain in bilateral knees rated 7 out of 10. Physical exam performed on 7-22-15 revealed persistent pain with swelling and limited range of motion. Work status is modified duty. X-rays of bilateral knees revealed no increase of osteoarthritis. Treatment to date has included physical therapy, oral medications including Cyclobenzaprine 7.5mg (since at least 3-12-15), Norco 10-325mg (since at least 3-12-15); left knee surgery and activity modifications. Documentation does not include improvement in pain or function with use of medications. The treatment plan included request for Supartz injections, Cyclobenzaprine 7.5mg #60, Norco 10-325mg #60 and 12 sessions of physical therapy to right knee. On 8-12-15 request for Cyclobenzaprine 7.5mg #60 with i6 refills and Norco 10-325mg #60 with 6 refills was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, frequency and duration unspecified #60 with 6 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines Page 79, 80 and 88 of 127. This claimant was injured now 5 years ago. There is no documentation of objective functional improvement out of the medicine regimen. Moreover, the frequency and duration, key to determining medical reasonableness of care, is not provided. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

**Cyclobenzaprine 7.5, frequency and duration unspecified #60 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 41-42 of 127. This claimant was injured now 5 years ago. There is no documentation of objective functional improvement out of the medicine regimen. Moreover, the frequency and duration, key to determining medical reasonableness of care, is not provided. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.