

<b>Case Number:</b>	CM15-0183123		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 65 year old female with an industrial injury dated 03-11-2012. A review of the medical records indicates that the injured worker is undergoing treatment for possible lumbar discogenic pain, possible bilateral lumbar facet pain L4-5, L5-S1, possible lumbar sprain and strain, bilateral lumbosacral radicular pain L5-S1 intermittent, possible cervical discogenic pain and possible bilateral cervical facet pain in C2-C3, C5-C6, 60-70% improved right shoulder pain with resolved impingement status post right shoulder injection including suprascapular nerve block on March 03, 2015, bilateral knee sprain and strain, left wrist sprain and strain, bilateral feet pain most likely referred pain from lumbar spine and stress syndrome. According to the progress note dated 07-08-2015, the injured worker reported pain radiating into the right shoulder, 50% improved lower back pain with 50% improved radiating lower extremity pain associated with tingling, numbness, weakness, and cramps, left more than right. The injured worker is status post epidural on March 03, 2015 with 60-70% improved right shoulder pain and improved range of motion status post right shoulder nerve block on March 03, 2015. The injured worker also reported bilateral knee pain, left greater than right, bilateral feet pain and left wrist and hand pain. Pain level was a 4 to 7 out of 10 on a visual analog scale (VAS). Objective findings (07-08-2015) revealed slow guarded gait, tenderness from C3-C6, bilateral cervical facet tenderness, right greater than left, right trapezius tenderness, mild midline tenderness from L3-S1, mild bilateral lumbar facet tenderness, bilateral mild sacroiliac and sciatic notch tenderness, bilateral positive straight leg raises, tenderness in the bilateral shoulder, tenderness of the left wrist, tenderness of the bilateral knee, hypoaesthesia in L5-S1 nerve root bilaterally, and

weakness of bilateral hand grip. X-ray of bilateral knee on 09-16-2014 revealed degenerative arthritis of bilateral knees. There was more marked medial compartment and patellofemoral joint area and less in lateral compartment with narrowing of medial compartment joint space to 1 millimeter on left knee and 2 millimeter in the right knee. There was also peripheral osteophyte in medial compartment and patellofemoral joint bilaterally. Treatment has included diagnostic studies, prescribed medications, injections and periodic follow up visits. The injured worker is temporarily totally disabled. The utilization review dated 08-13-2015, non-certified the request for evaluation with orthopedic surgeon for possible left knee total replacement, Ultram 50mg #90, Flexeril 10mg #60 and Relafen 500mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Evaluation with orthopedic surgeon for possible left knee total replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Office visits.

**Decision rationale:** MTUS explains how the chronic pain medical treatment guidelines apply. It states that generally providers should begin with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided and the patient is reassessed over the next 3-4 weeks. If the complaint persists during this interval, the treating physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. Within the submitted medical records, there is no clear information about functional limitations of the left knee joint. There is also no change in injured worker's chronic symptoms. Given the lack of documentation, the requested treatment: Evaluation with orthopedic surgeon for possible left knee total replacement is not medically necessary.

**Ultram 50mg #90:** 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.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The documentation submitted did not include functional improvement with the use of this medication. Functional improvement is defined as a decrease in work restrictions or improvement in activities of daily living, plus decreased dependence on medical treatment. There was no documentation of definite return to work or decrease in work restrictions, as a result of use of Tramadol. The requested treatment: Ultram 50mg #90 is not medically necessary.

**Flexeril 10mg #60:** 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment: Flexeril 10mg #60 is not medically necessary.

**Relafen 500mg #60:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain so activity and functional

restoration can resume, but long-term use may not be warranted. Also per the MTUS NSAIDs are recommended for acute exacerbations of chronic low back pain, as a second-line treatment after acetaminophen. According to the documentation submitted the injured worker has been prescribed Relafen on a long-term basis, and the complaints are not an acute exacerbation. There has been no compelling evidence presented by the provider to document that the injured worker has had any significant functional improvements from this medication. Therefore the request for Relafen 500mg #60 is not medically necessary and appropriate.