

Case Number:	CM15-0198025		
Date Assigned:	10/13/2015	Date of Injury:	01/15/2005
Decision Date:	11/25/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 68 year old female, who sustained an industrial injury on 01-15-2005. She has reported subsequent right knee pain and was diagnosed with internal derangement of the right knee. Treatment to date has included multiple pain medications, Hyalgan injections, transcutaneous electrical nerve stimulator (TENS) unit, unloading brace, physical therapy, acupuncture, massage therapy, application of heat and cold and multiple surgeries, which were noted to have failed to significantly relieve the pain. Documentation shows that Tramadol was prescribed at least since 2014 and Flexeril was prescribed since at least 04-23-2015. In a progress note dated 06-26-2015, the injured worker was seen for follow-up evaluation for the right knee and had been approved for a total joint replacement. The injured worker reported persistent pain, weakness, popping and clicking and was noted to take Norco for pain and Ultracet as needed as Norco was sometimes "too strong for her". The severity of pain was not quantified. Objective findings were notable for tenderness along the right knee with mild swelling, walking with a limp and extension to 160 degrees and flexion to 115 degrees with pain across the joint line. In a progress note dated 07-29-2015, the injured worker reported being frustrated due to medications not being approved and had persistent pain. Pain level was not quantified. The injured worker was taking medications to be functional. Objective examination findings revealed a limping gait and difficulty getting on the exam table from a seated position. In a progress note dated 08-28-2015, the injured worker was noted to be waiting for a total joint replacement and was experiencing severe pain due to cold weather with inability to do any prolonged standing, walking or squatting. Objective findings showed tenderness along the right knee, extension of 170 degrees and flexion to 120 degrees and difficulty standing from a

seated position. There was no documentation of pain ratings before and after the use of pain medications, the duration of pain relief or evidence of any objective functional improvement with use. Work status was documented as retired. A request for authorization of retrospective Flexeril 7.5 mg #60 and Ultracet 37.5-325 mg #60 was submitted. As per the 09-08-2015, utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 7.5mg, #60: Upheld

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

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

Decision rationale: The medical records indicate chronic condition of muscle pain with ongoing use of Flexeril greater than 3 weeks. MTUS guidelines only support short-term treatment (less than 3 weeks) use of Flexeril. The medical records report persistent pain without objective report of increased functionality or functional benefit in support of continued long-term treatment with Flexeril. Therefore the request is not medically necessary.

Retrospective Ultracet 37.5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking

behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as ultracet.