

<b>Case Number:</b>	CM15-0208916		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, West Virginia,  
Pennsylvania Certification(s)/Specialty: Emergency 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 53 year old female who sustained an industrial injury on 8-15-12. A review of the medical records indicates she is undergoing treatment for chronic cervical strain, status post left knee arthroscopies x 2 - rule out recurrent or residual meniscal tear, fraying at the freed edge of the lateral meniscal body - no evidence of recurrent tear per MRI 4-2-15, and mild to moderate chondromalacia patella in the setting of patella alta per MRA 4-2-15. Medical records (3-18-15, 4-27-15, 7-2-15, 7-27-15, and 8-24-15) indicate ongoing complaints of left knee pain, rating "9 out of 10". Records indicate that her pain is "constant and worsening". She also complains of neck and right shoulder pain. The physical exam (8-24-15) reveals tenderness to palpation of the left knee. "1+" crepitus is noted. Full flexion and extension are noted. The treating provider indicates "neurovascular status was intact distally". Her gait is noted to be "normal". Diagnostic studies have included and MRI and MRA of the left knee on 4-2-15. Treatment has included physical therapy and medications. Her medications include Norco, Motrin, and Flexeril. She has been receiving Norco since, at least, 3-18-15 and Flexeril since, at least, 7-21-15. The treating provider indicates that she also received a "5 in 1 cortisone injection to the left knee" (4-27-15). However, the 3-18-15 record indicates that the injection was administered to the right trapezius muscle. The utilization review (10-6-15) includes requests for authorization of Norco, Motrin, Flexeril, and repeat MRI to the left knee. Authorization was given for Motrin. Flexeril, Norco, and the MRI requests were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** 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 (Classification).

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.

**Flexeril:** 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): Muscle relaxants (for pain).

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication long term. The request for Flexeril is not medically appropriate and necessary.

**Repeat MRI to left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Guidelines recommend repeat MRI in post surgical conditions to assess knee cartilage repair tissue and routine use of MRI for follow up of asymptomatic patients following knee arthroplasty is not recommended. In this case, the patient fell but it is not clear when the fall occurred. There is no indication for repeat MRI. The request for repeat MRI of the knee is not medically appropriate or necessary.