

Case Number:	CM15-0023071		
Date Assigned:	02/12/2015	Date of Injury:	04/13/2010
Decision Date:	04/02/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/06/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male with an industrial injury dated 04/13/2010 with injury to the left elbow, both knees and low back. His diagnoses include chronic pain syndrome, internal derangement of the left knee, status post left knee surgery, gunshot wound to the left leg with open reduction internal fixation of the proximal tibia, internal derangement of the right knee, status post right knee arthroscopy and injections, discogenic lumbar condition with bulges and protrusions noted at multiple levels, chip fracture along the right elbow, contusion to the left elbow, bilateral avascular necrosis of the hips, status post left hip replacement (02/2012), status post right hip hemiarthroplasty with revision in 04/2010, depression, and sleep disorder. Recent diagnostic testing has included abnormal standing x-rays of both knees, nerve studies (2010) which were unremarkable. Previous treatments have included physical therapy, medications, conservative care, right knee surgery (06/2013), left knee (07/2012), and 5 cortisone injections to the right knee. In a progress note dated 12/16/2014 and 01/21/2015, the treating physician reports swelling and buckling of the both knees, restricted motion and stiffness in both knees, and weakness in the left elbow. The objective examination revealed tenderness along both knees, lateral greater than medial joint lines, no swelling, full extension and flexion in both knees, decreased reflexes on the left when compared to the right, decreased sensation, tenderness along the inner and outer aspects of the left knee, and positive patella tilt and compression test. The treating physician is requesting Norco and Flexeril which were denied by the utilization review. On 01/06/2015, Utilization Review non-certified a prescription for Norco 10/325mg #160, noting the absence of measurable improvements in function, and the recent documented weaning

recommendation due to lack of medical necessity. The MTUS Guidelines were cited. On 01/06/2015, Utilization Review non-certified a prescription for Flexeril 10mg #30, noting the injured worker's chronic pain without acute exacerbation, and the non-recommendation for long term use. The MTUS Guidelines were cited. On 02/06/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #160 and Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with left elbow pain, bilateral knee pain, and lower back pain. The treater has asked for NORCO 10/325MG #160 on 12/16/14. Patient has been using Norco since 2/14/13 report. He patient weaned off Norco and discontinued on 2/20/14 report, and began to take Tramadol. Tramadol was not effective after a while, per 9/16/14 report, and the patient began to take Norco again, on PRN basis. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently not working. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "Norco and Vicodin previously gave him good relief" per 9/16/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Flexeril 10 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with left elbow pain, bilateral knee pain, and lower back pain. The treater has asked for FLEXERIL 10MG #30 on 12/16/14. The patient was first prescribed Flexeril on 12/17/13 report. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS further states: "Effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The patient is currently not working. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request IS NOT medically necessary.