

Case Number:	CM15-0025114		
Date Assigned:	02/17/2015	Date of Injury:	07/11/2008
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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 43 year old, female patient, who sustained an industrial injury on 07/11/2008. A primary treating office visit dated 12/15/2015 reported the patient with subjective complaint of right knee unable to flex; locked at 75 degrees flexing. The right knee showed mild effusion with tenderness and swelling noted over the supraspinatus patella. She is prescribed Voltaren gel and ice application. The patient is instructed to return to modified work duty. A request was made for medications Vicodin 7.5/300 and Skelaxin 800. On 01/20/2015, Utilization Review, non-certified the request, noting CA MTUS, Chronic Pain, Opioids, short-acting and Skelaxin, muscle relaxants were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/300mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting VICODIN 7.5/300 MG #90. The RFA dated 12/15/2014 shows a request for Vicodin 7.5/300 #90 with no refills. The patient's date of injury is from 07/11/2008 and she is permanent and stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Vicodin since 2011. The 12/15/2014 report notes that the cold weather and rain is making the patient's pain worse. Her bilateral knees have worsened over the last 2 weeks. None of the reports provide before and after pain scales to show analgesia. There are no discussions about specific ADLs. There are no reports of side effects and no discussions about aberrant drug-seeking behaviors such as urine drug screen or CURES report. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 61.

Decision rationale: This patient presents with bilateral knee pain. The treater is requesting SKELAXIN 800 MG #90. The RFA dated 12/15/2014 does not show a request for Skelaxin. The patient's date of injury is from 07/11/2008 and she is permanent and stationary. The MTUS Guidelines page 61 states that Skelaxin is recommended with caution as a second line option for short term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating. Long term use of Skelaxin is not recommended per the MTUS Guidelines. The records do not show history of Skelaxin use. The 12/15/2014 report shows that the patient is reporting worsening pain over the last 2 weeks. In this case, a short course of Skelaxin may be appropriate to address the patient's acute flare-up; however, the requested quantity exceeds MTUS required short term treatment. The request IS NOT medically necessary.