

Case Number:	CM15-0225030		
Date Assigned:	11/23/2015	Date of Injury:	07/09/2002
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/17/2015

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: California
 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 75 year old female, who sustained an industrial injury on 7-9-2002. The injured worker is undergoing treatment for: bilateral knee pain. The treatment and diagnostic testing to date has included: left knee surgery (date unclear), and medications. Medications have included: Norco, Flexeril, Wellbutrin XL, and Naprosyn. The records indicate she has been utilizing Norco, Flexeril and Wellbutrin XL since at least August 2015. Current work status: not documented. On 10-1-15, she reported left knee pain. She is reported as stating "she can hardly weight bear or walk. She states she needs an electric scooter to get around. She states her walker she cannot operate very well because of weakness in her hands". She indicated she cannot function without medications and asked for refills. She is noted as having reported a 50 percent pain reduction and functional improvement with the use of her medications. She rated her pain level 8 out of 10, at best a 4 out of 10 with medications and 10 out of 10 without medications. Physical examination revealed the left knee to be swollen, decreased range of motion of the left knee, positive McMurray sign for audible click medially, positive for crepitus, and excessive laxity with varus, valgus and anterior drawer testing, and positive patellar compression; right lower extremity is noted to have a palpable lump over the Achilles tendon. The provider noted her urine drug screens have been appropriate and that the injured worker has fallen several times therefore he was requesting authorization for a scooter as ambulation with a cane or walker was difficulty due to her instability. There is no discussion regarding aberrant behaviors, depression, or hypertonicity or muscle spasms. The request for authorization is for: Flexeril 10mg quantity 30, Norco 10-325mg quantity 120, purchase of electric scooter, and Wellbutrin XL 150mg quantity 30. The UR dated 10-16-15: modified certification of Norco 10-325mg quantity 40, modified certification of Wellbutrin XL 150mg quantity 20; and non-certified the request for Flexeril 10mg quantity 30 and purchase of electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Flexeril 10mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has severe left knee pain. She stated she can hardly weight bear or walk. She stated she cannot operate the walker well because of the weakness in her hands. The pain was rated 8 out of 10 at best with 4 out of 10 with medication and 10 out of 10 without them. On exam the left knee revealed a very swollen knee. She can flex 110 degrees and extend 0 degrees. McMurray's sign revealed an audible click medially. There was crepitus on passive range of motion with excessive laxity with varus maneuver and valgus maneuver and anterior drawer sign with stress testing. The patella compression remained very painful with peripatellar edema noted. The provider noted she was having difficulty trying to walk even with a cane or a walker due to instability and had fallen several times. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #30 is not medically necessary.

Purchase-Electric scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: The requested Purchase-Electric scooter is not medically necessary. CA MTUS 2009, Chronic Pain Treatment Guidelines, page 99, Power Mobility Devices, note: "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, if the patient has sufficient upper extremity function to propel a manual wheelchair, or if a caregiver is available, willing, and able to provide assistance with a manual wheelchair." The injured worker has severe left knee pain. She stated she can hardly weight bear or walk She stated she cannot operate the walker well because of the weakness in her hands. The pain was rated 8 out of 10 at best with 4 out of 10 with medication and 10 out of 10 without them. On exam the left knee revealed a very swollen knee. She can flex 110 degrees and extend 0 degrees. McMurray's sign revealed an audible click medially. There was crepitus on passive

range of motion with excessive laxity with varus maneuver and valgus maneuver and anterior drawer sign with stress testing. The patella compression remained very painful with peripatellar edema noted. The provider noted she was having difficulty trying to walk even with a cane or a walker due to instability and had fallen several times. The treating physician has not documented insufficient upper extremity function. The criteria noted above not having been met, Purchase-Electric scooter is not medically necessary.

Norco 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The requested Norco 10-325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe left knee pain. She stated she can hardly weight bear or walk. She stated she cannot operate the walker well because of the weakness in her hands. The pain was rated 8 out of 10 at best with 4 out of 10 with medication and 10 out of 10 without them. On exam the left knee revealed a very swollen knee. She can flex 110 degrees and extend 0 degrees. McMurray's sign revealed an audible click medially. There was crepitus on passive range of motion with excessive laxity with varus maneuver and valgus maneuver and anterior drawer sign with stress testing. The patella compression remained very painful with peripatellar edema noted. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10-325mg #120 is not medically necessary.

Wellbutrin XL 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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

Decision rationale: The requested Wellbutrin XL 150mg #30 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Bupropion (Wellbutrin), page 27, consider this atypical anti-depressant as an option, after trials of tricyclic and SNRI antidepressants, and have shown some efficacy in the treatment of neuropathic pain but no efficacy for non-neuropathic chronic pain. The injured worker has severe left knee pain. She stated she can hardly weight bear or walk. She stated she cannot operate the walker well because of the weakness in her hands. The pain was rated 8 out of 10 at best with 4 out of 10 with medication and 10 out of 10 without them. On exam the left knee revealed a very swollen knee. She can flex 110 degrees and extend 0 degrees. McMurray's sign revealed an audible click medially. There was crepitus on passive range of motion with excessive laxity with varus maneuver and valgus maneuver and anterior drawer sign with stress testing. The patella compression remained very painful with peripatellar edema noted. The treating physician has not documented the following: duration of treatment, failed trials of tricyclic or SNRI antidepressants, objective evidence of derived functional improvement. The criteria noted above not having been met, Wellbutrin XL 150mg #30 is not medically necessary.