

Case Number:	CM15-0041947		
Date Assigned:	03/12/2015	Date of Injury:	04/12/2000
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 57-year-old male sustained an industrial injury left knee and ankle on 4/12/00. Previous treatment included left knee total arthroplasty spinal cord stimulator, physical therapy and medications. In a PR-2 dated 2/11/15, the injured worker complained of left knee and ankle pain 7/10 on the visual analog scale without medications and 3/10 with medications. The injured worker also reported having depression, anxiety and insomnia. The injured worker had been fitted for orthotic shoes and was awaiting their arrival. Physical exam was remarkable for limited range of motion to both left knee and ankle. The injured worker was unable to straighten the left knee. Current diagnoses included left knee pain, chronic pain syndrome, total left knee replacement, personal nerve palsy, flexion contracture of left knee and gait abnormality. The treatment plan included continuing medications (Norco, Tramadol and Flexeril).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are chronic left knee pain; chronic pain syndrome; total left knee replacement; spinal cord stimulator implant; flexion contracture left knee; and gait abnormality. The anatomical region being treated is the left knee. The documentation shows the injured worker was on Norco, Duragesic and Baclofen on July 17th 2012. On April 22, 2013 the injured worker's medications were changed to Morphine sulfate and Norco. On October 22, 2014, the injured worker was placed on Tramadol for increased pain and Flexeril for spasm and sleep. Norco was continued. The documentation does not contain a risk assessment. There are no detailed pain assessments in the medical record (for ongoing opiate use). There is no documentation evidencing objective functional improvement. The injured worker continues to complain of 7/10 pain without medications and with medications 4/10. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable effects or a decrease in functioning. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Tramadol ER's efficacy, Tramadol ER 150 mg #60 is not medically necessary.

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured

worker's working diagnoses are chronic left knee pain; chronic pain syndrome; total left knee replacement; spinal cord stimulator implant; flexion contracture left knee; and gait abnormality. The documentation shows the injured worker was on Norco, Duragesic and baclofen on July 17th 2012. On April 22, 2013, the injured worker was changed to morphine sulfate and Norco. On October 22, 2014, injured worker was placed on tramadol for increased pain and Flexeril for spasm and sleep. Norco was continued. The anatomical region being treated is the left knee. The documentation does not contain a risk assessment. There are no detailed pain assessments in the medical record (for ongoing opiate use). There is no documentation evidencing objective functional improvement. The injured worker continues to complain of 7/10 pain without medications and with medications 4/10. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Norco's efficacy, Norco 10/325mg #120 is not medically necessary.

1 prescription of Cyclobenzaprine (Flexeril) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine (Flexeril) 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic left knee pain; chronic pain syndrome; total left knee replacement; spinal cord stimulator implant; flexion contracture left knee; and gait abnormality. The documentation shows the injured worker was on Norco, Duragesic and baclofen on July 17th 2012. On April 22, 2013, the injured worker was changed to Morphine sulfate and Norco. On October 22, 2014, injured worker was placed on Tramadol for increased pain and Flexeril for spasm and sleep. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation in chronic low back pain. There was no documentation in the medical record of an acute exacerbation of back pain. The anatomical region being treated is the left knee. The physical examination is performed on the left knee. Additionally, the treating physician exceeded the recommended guidelines of short-term use (less than two weeks) by continuing Flexeril in excess of five months (start date October 22, 2014 through the present). Also, Flexeril is not indicated for sleep. Consequently, absent clinical documentation with objective functional improvement with a proper clinical indication/rationale (acute exacerbation back pain), Cyclobenzaprine 7.5 mg #60 is not medically necessary.