

<b>Case Number:</b>	CM15-0042017		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/02/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

The injured worker is a 54 year old male with an industrial injury dated November 2, 2004. The injured worker diagnoses include impingement syndrome of shoulder bilaterally, cervical disc disease, lumbosacral disc disease, Achilles tendonitis, ankle sprain, bilateral carpal tunnel syndrome , bilateral wrist joint sprain and internal derangement of the knee bilaterally status post-operative intervention, meniscectomy medially and laterally along the knee on the left in 2009 and depression and sleep issues due to chronic pain. Treatment to date has included diagnostic studies, prescribed medications, surgical procedures, and periodic follow up visits. According to the progress note dated 01/28/2015, the injured worker currently complains of neck pain, mid and low back pain. The injured worker also complains of pain in bilateral shoulders, wrists, bilateral knees and bilateral ankles. The injured worker reported that he alternates between the use of crutches and wheelchair. Objective findings revealed tenderness along the wrist, bilateral CMC (carpometacarpal), first extensor, bilateral knees, and bilateral medial and lateral joint lines. The treating physician noted a positive McMurray sign. The treatment plan included prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**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 opiate users recommended patience 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 diagnosis or impingement syndrome bilateral shoulders; cervical disc disease with disc bulging at C6 - C7; lumbar disc disease L1 - L5; Achilles tendinitis and ankle sprain; carpal tunnel syndrome bilaterally; wrist joint sprain bilateral; and internal derangement knee bilateral status post intervention. The documentation according to a qualified medical examination (QME) performed February 20, 2013 demonstrates the injured worker was on Norco and Duragesic as far back as February 2, 2009. According to a January 28, 2015 progress note, subjectively, the injured worker is in a wheelchair. He alternates between crutches and wheelchairs. He complains of neck pain, mid and low back pain, shoulders bilaterally as well as both knees and both ankles and wrists. Objectively, vital signs are normal tenderness along the wrist, bilateral CMC, first extensor as well as both knees. There is tenderness along the medial and lateral joint lines bilaterally. Positive McMurray sign is present bilaterally. There are no other clinical objective findings in the record. There are no detailed pain assessments in the medical record associated with ongoing opiate use. There are no risk assessments. There is no documentation evidencing objective functional improvement. According to the January 28, 2015 progress note the injured worker is still using Norco 10/325mg Consequently, absent compelling clinical documentation with objective functional improvement to gauge the ongoing efficacy of Norco, Norco 10/325 mg #120 is not medically necessary.

**Duragesic patch 100mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**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, Duragesic patch 120mcg #15 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 opiate users recommended patience 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 diagnosis or impingement syndrome bilateral shoulders; cervical disc disease with disc bulging at C6 - C7; lumbar disc disease L1 - L5; Achilles tendinitis and ankle sprain; carpal tunnel syndrome bilaterally; wrist joint sprain bilateral; and internal derangement knee bilateral status post intervention. The documentation according to a qualified medical examination (QME) performed February 20, 2013 demonstrates the injured worker was on Duragesic and Norco as far back as February 2, 2009. According to a January 28, 2015 progress note, subjectively, the injured worker is in a wheelchair. He alternates between crutches and wheelchairs. He complains of neck pain, mid and low back pain, shoulders bilaterally as well as both knees and both ankles and wrists. Objectively, vital signs are normal tenderness along the wrist, bilateral CMC, first extensor as well as both knees. There is tenderness along the medial and lateral joint lines bilaterally. Positive McMurray sign is present bilaterally. There are no other clinical objective findings in the record. There are no detailed pain assessments in the medical record associated with ongoing opiate use. There are no risk assessments. There is no documentation evidencing objective functional improvement. According to the January 28, 2015 progress note the injured worker is still using Duragesic patch. Consequently, absent compelling clinical documentation with objective functional improvement to gauge the ongoing efficacy of Duragesic, Duragesic patch 120mcg #15 is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

**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, 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, in this case, the injured worker's working diagnosis or impingement syndrome bilateral shoulders; cervical disc disease with disc bulging at C6 - C7; lumbar disc disease L1 - L5; Achilles tendinitis and ankle sprain; carpal tunnel syndrome bilaterally; wrist joint sprain bilateral; and internal derangement knee bilateral status post intervention. The documentation according to a qualified medical examination (QME) performed February 20, 2013 demonstrates the injured worker was on Duragesic and Norco as far back as February 2, 2009. According to a January 28, 2015 progress note, subjectively, the injured worker is in a wheelchair. He alternates

between crutches and wheelchairs. He complains of neck pain, mid and low back pain, shoulders bilaterally as well as both knees and both ankles and wrists. Objectively, vital signs are normal tenderness along the wrist, bilateral CMC, first extensor as well as both knees. There is tenderness along the medial and lateral joint lines bilaterally. Positive McMurray sign is present bilaterally. There are no other clinical objective findings in the record. There are no detailed pain assessments in the medical record associated with ongoing opiate use. There are no risk assessments. There is no documentation evidencing objective functional improvement. No muscle relaxant had been prescribed until November 11, 2014 at which point Flexeril 7.5 mg appeared in a progress note with the same date. Flexeril is indicated for short-term use (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back. The date of injury is November 2, 2004. The request for authorization is dated February 16, 2015. There is no specific clinical indication for Flexeril's use. Additionally, since starting Flexeril November 11, 2014, there is no subsequent documentation with objective functional improvement documented in the record. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term use (less than two weeks), Flexeril 7.5mg #60 is not medically necessary.