

<b>Case Number:</b>	CM15-0044650		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 29 year old female patient, who sustained an industrial injury on 05/13/2014. A primary treating office visit dated 11/07/2014, reported the patients current work status as not working and has not worked since 09/2014. She is on temporary total disability. She currently takes Naprosyn, Omeprazole and a topical cream. Her present complaints are having continuous pain in the low back that radiates to bilateral lower extremities; right greater. She also states having numbness and tingling into bilateral lower extremities. The pain is rated an 8-9 out of ten in intensity. Sneezing and coughing aggravate the pain, along with prolonged sitting, standing and or walking. She has difficulty bending forward, backwards, sideways and any lengthy driving. In addition, she complains of having difficultly sleeping, bilateral knee pain, bilateral ankle and heel pain. Physical examination found the patient with antalgic gait and there is guarding on the lumbosacrral axis. There is moderate effusion on the right knee and positive patellofemoral grind on the right knee. A sensory exam revealed decreased sensation to light touch over the L5 and S1 dermatomes on the right. Babinski's reflexes are downgoing bilaterally. The following diagnoses are applied; sciatic syndrome, back and right lower extremity, with weakness; internal derangement, right knee, radiographic proven meniscal tear with intermittent locking and fusion; musculoligamentous strain/sprain to bilateral ankles and left knee compensatory pain. The plan of care involved surgical intervention to be initiated with cardiac evaluation or clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Flexeril 10mg/tab; 1 tab p.o TID PRN #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines flexeril Page(s): 41.

**Decision rationale:** The medical records do not indicate ongoing physical exam findings in support of muscle spasm. ODG guidelines support flexeril only for short term treatment in patients with demonstrated muscle spasm. As such the medical records provided for review do not support the use of flexeril for ongoing use congruent with ODG guidelines.

**Post-op Ultracet 37.5mg/325mg/tab; 1 tab p.o. Q4-6hrs PRN #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

**Decision rationale:** ODG guidelines support opioids for patients with persistent pain with functional gain demonstrated from use of opioids. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records provided for review do document ongoing functional benefit related to the therapy and indicate ongoing opioid mitigation process. As such the medical records provided for review do support ongoing use of opioids