MAXIMUS Federal Services

Case Number:	CM15-0047231		
Date Assigned:	03/19/2015	Date of Injury:	07/16/2008
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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, 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:

This 60 year old male sustained an industrial injury to the right knee on 7/16/08. Previous treatment included magnetic resonance imaging, right knee arthroscopy, physical therapy, massage, right knee brace, ice packs, home exercise, injections and medications. In a visit note dated 1/28/15, the injured worker continued to have significant knee pain. The injured worker had difficulty walking and used two canes for ambulation. Physical exam was remarkable for antalgic gait. The physician could not asses right lower extremity strength due to pain and guarding. Current diagnoses included lower leg pain in joint, long term use medications and therapeutic drug monitor. The treatment plan included continuing medications (Norco and Opana).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy no longer than 3 weeks. Within the documentation available for review, there is identification of a specific analgesic benefit with the intermittent use of this medication for myofascial type pain. The requesting provider notes that this is utilized in a quantity of only 10 pills per month. Given this documentation in a note from date of service 3/10/15 in which the UR denials were directly addressed, this medication is medically necessary.

Opana ER 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function was outlined and pain reduction from 10/10 to 5-6/10 was documented in a progress note on 3/10/2015. A trial wean resulted in difficulty getting out of bed and walking. There was a signed narcotic contract and results of urine toxicology testing (last performed on 2/25/15) were consistent. Given this monitoring, the Opana ER is medically necessary.

Norco 10/325: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function was outlined and pain reduction from 10/10 to 5-6/10 was documented in a progress note on 3/10/2015. There was a signed narcotic contract and results of urine toxicology testing (last performed on 2/25/15) were consistent. The provider has in fact documented a partially successful trial wean of this medication, and over time, the quantity prescribed in a 30 day period has decreased over time. Given this monitoring, the Opana ER is medically necessary.