

<b>Case Number:</b>	CM15-0051362		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male who reported an injury on 08/14/2014, due to an unspecified mechanism of injury. On 02/17/2015, he presented for a follow-up of his work related injury to his low back and right knee. He rated the pain in his right knee at 5/10. He stated that he was not attending any therapy, and he was not working. Objective findings showed tenderness with mild spasm and guarding in the lumbar spine. Stability testing was intact, and range of motion was noted to be decreased. Strength testing was intact, and there was no loss of strength involving the lower extremities in a myotomal pattern. The right knee showed 2 to 3 plus intra-articular effusion and tenderness about the joint. The grind maneuver produced pain and ballottement maneuver was positive, as well as grind maneuver. There was no laxity on varus or valgus testing, and there was motion with anterior drawer and Lachman's maneuvers. Posterior drawer maneuver appeared negative and pivot shift maneuver was impossible secondary to guarding. Range of motion was from 0 to 140 degrees, and strength was 4/5 in both flexion and extension. Sensation was diminished in the left lower extremity, but it was noted that the injured worker stated that that was longstanding. He was diagnosed with a lumbar strain, right knee strain. His medications included Ultram 50 mg 1 by mouth every 6 hours as needed, diclofenac 75 mg by mouth twice a day as needed, Flexeril 10 mg by mouth twice a day as needed, and Cartivisc by mouth twice a day. It was recommended that the injured worker continue using his medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The documentation provided fails to show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with this medication to support its continuation. Also, no official urine drug screens or CURES Reports were provided for review to validate compliance with the medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Diclofenac 75mg, #60, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation showing that the injured worker had a quantitative decrease in pain or an objective improvement in function with this medication to support its continuation. Also, 2 refills of this medication would not be supported, as it is only recommended for short term use. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Flexeril 10mg, #60, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Cativisc #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 50.

**Decision rationale:** The California MTUS guidelines recommend glucosamine sulfate for patients with moderate arthritis pain, especially knee osteoarthritis, and that only one medication should be given at a time. There was no indication that the injured worker had arthritis pain or osteoarthritis of the knee to support the medical necessity of this medication. Also, the frequency and dosage of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.