

Case Number:	CM15-0052004		
Date Assigned:	04/29/2015	Date of Injury:	11/11/2003
Decision Date:	05/28/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old female, who sustained an industrial injury on November 11, 2003. The injured worker has been treated for low back, bilateral ankle and right knee complaints. The diagnoses have included status post left malleolar fracture, anterior talofibular ligament instability, chronic lateral ankle strain, right anterior knee pain/derivative injury and lumbar spine radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, epidural steroid injections and left ankle surgery. Current documentation dated February 25, 2015 notes that the injured worker reported low back and right ankle pain. Examination of the right ankle revealed pain on dorsiflexion. Examination of the lumbar spine revealed diminishes spasm, asymmetric range of motion and persistent tight hamstrings. A straight leg raise test was positive on the right. The treating physician's plan of care included a request for the medications Norco and Flexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco, 7.5mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on November 11, 2003. The medical records provided indicate the diagnosis status post left malleolar fracture, anterior talofibular ligament instability, chronic lateral ankle strain, right anterior knee pain/derivative injury and lumbar spine radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, epidural steroid injections and left ankle surgery. The medical records provided for review do not indicate a medical necessity for 1 prescription of Norco, 7.5mg with 3 refills. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker's use of opioids predate 10/2014, but there has been no overall improvement. The injured worker is not well monitored for pain relief, adverse effects, activities of daily living and aberrant behavior. Therefore, the requested treatment is not medically necessary.

Unknown prescription of Fexmid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on November 11, 2003. The medical records provided indicate the diagnosis status post left malleolar fracture, anterior talofibular ligament instability, chronic lateral ankle strain, right anterior knee pain/derivative injury and lumbar spine radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, epidural steroid injections and left ankle surgery. The medical records provided for review do not indicate a medical necessity for Unknown prescription of Fexmid. Fexmid is a muscle relaxant containing Cyclobenzaprine. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Cyclobenzaprine is taken as 5 -10 mg three times a day, not to be used for longer than 2-3 weeks. The Medical records indicate the injured worker has used this medication for a very longtime. The request is for an unspecified quantity. Therefore, the requested treatment is not medically necessary.

