

Case Number:	CM15-0082644		
Date Assigned:	05/05/2015	Date of Injury:	06/26/2009
Decision Date:	06/05/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	04/29/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 62-year-old female, who sustained an industrial injury on 6/26/2009. She reported slipping and falling onto her right knee. Diagnoses have included status post right knee contusion, status post right knee total arthroplasty, degenerative osteoarthritis of the carpometacarpal joint of the bilateral thumbs and the same joints of the bilateral hands, advanced degenerative osteoarthritis of the cervical spine, degenerative osteoarthritis of the bilateral knees, major depressive disorder and severe epigastric pain consistent with gastroesophageal reflux disease. Treatment to date has included knee surgery, physical therapy and medication. According to the progress report dated 3/5/2015, the injured worker complained of sharp, crampy pain rated 5/10 to 6/10 located diffusely about the right knee. She used a cane to ambulate. She reported difficulty-climbing stairs. Gait was antalgic on the right side. Exam of the right knee revealed a moderate-sized effusion. The knee was globally lax and with varus and valgus stress worse on the medial side than on the lateral side. Authorization was requested for Norco and Cyclo/Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Norco the patient was taking previously. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time. This request is not medically necessary.

Cyclo/tramadol cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 41 - Topical Flexeril Cyclobenzaprine.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cyclo/Tram. MTUS guidelines state the following: The addition of cyclobenzaprine to other agents is not recommended. According to the clinical documentation provided and current MTUS guidelines, Cyclo/tram is not indicated as a medical necessity to the patient at this time. This request is not medically necessary.