

Case Number:	CM15-0083394		
Date Assigned:	05/05/2015	Date of Injury:	09/27/2013
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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: 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 a year old male, who sustained an industrial injury on 9/27/13. He reported initial complaints of comminuted displaced tibial plateau fracture. The injured worker was diagnosed as having anterior dislocation proximal tibia right; lumbago. Treatment to date has included status post open right reduction internal fixation comminuted displaced tibial plateau fracture (10/10/13); status post right removal of hardware and knee arthroscopy (10/28/14); physical therapy. Diagnostics included x-rays right knee; CT scan right knee. Currently, the PR-2 notes dated 4/6/15 indicated the injured worker is a status post right knee lateral menisectomy, removal of hardware open reduction and internal fixation of tibial plateau with osteoarthritis of the knee on 10/28/14. He returns to the office after last being seen on 2/25/15. He has an AME but did not have a report. He continues to have symptoms as previously described with pain, restricted range of motion, difficulty going up and down stairs, numbness surrounding the incision. His physical examination reveals afebrile, range of motion from 60 degrees of flexion and fully extends with significant quad atrophy. He has numbness over the anterolateral aspects of the leg which has had since injury. He has tenderness to palpation over the lateral joint line especially in the anterolateral aspect. The provider's treatment plan included medications: Flexeril 10mg #90 and Norco 10/325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants (for pain) Page(s): 41, 42, 63, and 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. The injured worker is being treated for chronic pain and there is no evidence of an acute exacerbation of pain that may benefit from short term use of cyclobenzaprine. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #90 is determined to not be medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): s 74-95, and 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Norco is being used, in this case, to treat chronic pain. The injured working continues to complain of significant pain and reduction in function despite treatment with Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #150 is not medically necessary.