

Case Number:	CM15-0086253		
Date Assigned:	05/08/2015	Date of Injury:	01/07/2013
Decision Date:	06/09/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 33 year old female patient who sustained an industrial injury on 01/07/2013. A primary treating office visit dated 11/10/2014 reported objective findings with tenderness to palpation of the lumbar paravertebral muscles. There is spasm of the lumbar paravertebral muscles, and straight leg raise is positive bilaterally. Bilateral knees showed tenderness to palpation of the lateral and medial joint lines. The following diagnoses are applied: lumbar sprain/strain; rule out lumbar radiculitis versus radiculopathy; right knee chondromalacia; right knee medial meniscus tear, and left knee chondromalacia. The plan of care involved: prescribing Norco, and dispensing # 60 Tramadol ER 150mg. She is to remain off from work through 12/25/2014. On 02/24/2015 the patient had subjective complaint of low back pain with right greater than left lower extremity symptoms; bilateral knee pain. She is taking Hydrocodone 10mg twice daily, and Flexeril. Of note, the medication facilitates significant increase in tolerance to a variety of activity. Objective findings showed tenderness to palpation at the lumbar spine, lumboparaspinal musculature with spasm. The right knee is with diffuse tenderness upon palpation, and the left knee showed painful patellofemoral crepitation, and tenderness. Her gait is mildly antalgic, and she is using a cane. She is diagnosed with: bilateral knee contusions; bilateral knee chondromalacia patella; lumbar sprain/strain; lumbar radiculopathy, and right knee medial meniscus tear with osteoarthropathy. The plan of care noted: proceed with chiropractic treatment, continue with weight loss program, and follow up in 4 weeks. She is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg Qty 60 (1 by mouth, 2 times a day): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Hydrocodone 10 mg Qty 60 (1 by mouth, 2 times a day) is not medically necessary and appropriate.

Cyclobenzaprine 10 mg Qty 30 (1 Daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 10 mg Qty 30 (1 Daily) is not medically necessary and appropriate.