

Case Number:	CM15-0087100		
Date Assigned:	05/11/2015	Date of Injury:	05/22/2014
Decision Date:	06/12/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/06/2015

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 60 year old female, who sustained an industrial injury on 05/22/2014. She has reported subsequent left ankle, foot, neck, low back, right groin and bilateral knee pain and was diagnosed with osteoarthritis of the left ankle and foot, left foot and ankle sprain, chronic pain and persistent migrainous headaches. Treatment to date has included oral and topical pain medication, physical therapy and shoe inserts. In a progress note dated 04/20/2015, the injured worker complained of bilateral knee, hip and foot pain. Objective findings were notable for tenderness over the lumbosacral region and towards right side lumbar paraspinals, pain toward the right buttock with piriformis testing, paresthesias down the posterior thigh and posterior calf in the S1 distribution with seated straight leg raise, tenderness across the anterior joint line at medial aspect of the left knee and crepitus of the knee cap with flexion and extension of the left knee. A request for authorization of Norco and Flexeril refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 5/325mg (Dispensed on 04/20/2015) Qty: 60.00: Upheld

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

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. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. 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, as written above, is not medically necessary to the patient at this time.

Retrospective Flexeril 10mg (Dispensed on 04/20/2015) Qty: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Flexeril requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Flexeril is not medically necessary to the patient at this time.