MAXIMUS Federal Services

Case Number:	CM14-0114371		
Date Assigned:	08/04/2014	Date of Injury:	06/29/2012
Decision Date:	10/08/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year old male who sustained injury to his left knee while walking backwards and tripping on a piece of rebar on 06/29/12. He subsequently developed pain in his left knee. Two days later, he was using his knees to install tires and felt a lot of pain. The injured worker was sent to the clinic and told that he had a sprain. MRI of the left knee was obtained and the injury underwent surgery on the left knee dated 11/18/12 for a torn meniscus. The injured worker did well for a while, but had swelling and throbbing of his knees. He underwent a second left knee surgery on 06/18/13. He is reported to have favored the left knee which caused overuse of his right knee and back per clinical note dated 03/19/14. The injured worker was diagnosed with overuse syndrome of the back due to injury of the left knee. The record contains a utilization review determination dated 06/27/14 in which requests for Hydrocodone 10/325 milligrams quantity sixty two refills, and Tizanidine 4 milligrams twice daily quantity sixty two refills were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #60 refill 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Hydrocodone/Acetaminophen 10/325 milligrams quantity sixty with two refills is not medically necessary. The record indicates the injured worker sustained a left knee injury as the result of a trip and fall. He has undergone two left knee surgeries and is reported to have compensatory low back pain. The record does not provide detailed information to establish the efficacy of this medication. There are no comparative visual analog scale (VAS) scores or documentation of functional improvements to establish the necessity for continued use of this medication. The records do not indicate that there is a signed pain management contract or that the injured worker undergoes regular UDS to assess compliance. As such, the request is not supported as medically necessary per California Medical Treatment Utilization Schedule treatment recommendations.

Tizanidine 4mg BID #60 refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

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

Decision rationale: The request for Tizanidine 4 milligrams quantity sixty with two refills is not supported as medically necessary. The record indicates the injured worker sustained a left knee injury as the result of a trip and fall. He has undergone two left knee surgeries and is reported to have compensatory low back pain. The record does not provide detailed information to establish the efficacy of this medication. Further, serial physical examination do not document the presence of myospasms for which this medication is clinically indicated. Therefore, in the absence of myospasms on examination the request is not medical necessary.