MAXIMUS Federal Services

Case Number:	CM14-0115130		
Date Assigned:	08/04/2014	Date of Injury:	01/22/2010
Decision Date:	09/30/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family 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:

This is a 57-year-old female with a 1/22/10 date of injury, when she attempted to climb down from a counter and slipped and fell injuring her hands and knees. The patient underwent left knee arthroscopy in 2010 and right elbow surgery for ulnar neuropathy in 2011. The progress report dated 11/26/13 stated that the patient was taking tramadol, nortriptyline, Norco, Relafen and cyclobenzaprine. The progress note dated 1/8/14 indicated that the prescription for Norco was dispensed. The patient was seen on 3/27/14 and her general pain index was scored 35. A neck disability index was scored at 47 and low back disability index was 56. She accomplished 6 acupuncture sessions. The patient was seen on 6/5/14 with complaints of low back pain and bilateral knee pain associated with popping, weakness, clicking and giving out. Exam findings of the knees revealed decreased range of motion, stiffness and antalgic gait. There were spasms and tenderness to the lumbar and thoracic regions with sensory changes in bilateral L5 and S1 regions. The diagnosis is lumbosacral neuritis, cervical spine, lumbar spine and bilateral knee pain. Treatment to date: acupuncture, physical therapy, work restrictions and medications. An adverse determination was received on 6/19/14 given that there was no documentation of functional benefit or significant pain improvement with medication management and the side effects were not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325; 1 po bid prn #60 refill: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress report indicated that the patient was using Norco at least from 11/26/13. However, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325; 1 po bid prn #60 refill: 1 was not medically necessary.

Flexeril 7.5 mg; 1 po qhs prn spasm #30 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is a lack of documentation indicating how long the patient was using Flexeril for. In addition, there is no evidence of subjective and objective functional gains from the treatment. There is no rationale with regards to expected goals for the patient with the Flexeril use. Therefore, the request for Flexeril 7.5 mg; 1 po qhs prn spasm #30 refill was not medically necessary.