

Case Number:	CM14-0117266		
Date Assigned:	08/06/2014	Date of Injury:	11/13/2002
Decision Date:	10/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with an 11/13/02 date of injury. At the time (3/31/14) of request for authorization for retrospective request for Hydrocodone-APAP-10/325 mg #30 (DOS 3/31/14) and retrospective request for Norflex ER 100 mg #90 (DOS 3/31/14), there is documentation of subjective complaints of bilateral elbow, left wrist, and upper extremity pain. Objective findings were not specified. The current diagnoses include carpal tunnel syndrome and lower leg joint pain. Treatment to date includes medication, including ongoing treatment with Norco and Norflex. On 7/22/14 medical report identifies that medications are helpful in improving patient's function. There was a 6/27/13 CURES report and the patient uses Norflex intermittently as needed. There is evidence of muscle tightness and spasms, and that last refill of #90 was in January of 2014. Regarding Norflex, there is no (clear) documentation of short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone-APAP-10/325 mg #30 (DOS 3/31/14): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines for long term treatment of chronic knee pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and lower leg joint pain. In addition, there is documentation ongoing treatment with Norco. Furthermore, given documentation of a CURES report, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that medications are helpful in improving patient's function, there is documentation of functional benefit and an increase in activity tolerance as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone-APAP-10/325 mg #30 (DOS 3/31/14) is medically necessary.

Retrospective request for Norflex ER 100 mg #90 (DOS 3/31/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines muscle relaxants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines for the treatment of chronic knee pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and lower leg joint pain. In addition, there is documentation ongoing treatment with Norflex. Furthermore, given documentation that medications are helpful in improving patient's function, there is documentation of functional benefit and an increase in activity tolerance as a result of Norflex use to date. However, despite

documentation of muscle tightness and spasms, given documentation of an 11/13/02 date of injury, there is no (clear) documentation of acute muscle spasms. In addition, despite documentation that patient uses Norflex intermittently as needed and that last refill of #90 was in January of 2014, and given documentation of a 3/31/14 date of service, there is no (clear) documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Norflex ER 100 mg #90 (DOS 3/31/14) is not medically necessary.