MAXIMUS Federal Services

Case Number:	CM14-0161673		
Date Assigned:	10/07/2014	Date of Injury:	03/28/2011
Decision Date:	11/04/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury on March 28, 2011. On that date she was struck with a large cart weighing at least 200 pounds on the front of her knees while exiting an elevator. She fell to the ground and experienced a loud pop in the left knee with intense pain. She was unable to bear weight on the left knee. The right knee also hurt and she was having difficulty standing. She had surgery on the left knee on September 4, 2012 and surgery on the right knee in December 2012. At a visit with the primary treating physician on September 2, 2014 she complained of pain relative to hamstring tear with worsening scar tissue and resulting patellar tracking and iliotibial band syndrome. She was ambulating with a limp favoring the right lower extremity. Diagnoses on that date were status post bilateral knee arthroscopy, right in November 2012 and left in September 2012, with mild osteoarthritis, per x-rays dated March 7, 2014 with patellofemoral tracking problem; bilateral hamstring strain; iliotibial band friction syndrome; bilateral shoulder periscapular sprain/strain. Medications ordered included Anaprox DS 1 by mouth twice a day #60, Fexmid one by mouth twice a day #60, Norco 1 by mouth every 12 hours when necessary #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #60: Upheld

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

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. Therefore, this request is not medically necessary.

Anaprox DS 550 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Anaprox may be recommended for osteoarthritis. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker. Although the short-term use of Anaprox for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on NSAID's for an extended period of time. Therefore, this request is not medically necessary.

Fexmid 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

Decision rationale: Fexmid, a brand Cyclobenzaprine, a skeletal muscle relaxant, is recommended as an option in the treatment of pain for a short course. It is not recommended to be used longer than 2 to 3 weeks. It can be useful for an acute exacerbation of chronic pain. This worker had already been on cyclobenzaprine for several months. Furthermore, the quantity requested exceeds what would be necessary and is therefore not medically necessary.