

Case Number:	CM14-0162271		
Date Assigned:	10/07/2014	Date of Injury:	06/01/2009
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic Surgery 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 claimant is a 54-year old female who sustained a vocational injury on 06/01/09 while going upstairs when she heard a crack in her left knee. The medical records provided for review documented that the claimant is status post right total knee arthroplasty in August, 2013. The office note dated 09/08/14 documented that the claimant had right knee and bilateral foot and ankle pain, as well as low back pain with bilateral low extremity symptoms. It was documented that Hydrocodone was non-efficacious and did result in nausea. The patient reported that the current medication she was taking heightened her function and that she was able to maintain activities of daily living including shopping for groceries, very light household duties, preparing food, grooming and bathing. The claimant recalled times when activities of daily living were in jeopardy prior to current medication dosing regimen. Several examples of objective improvement with medication on board included tolerance activity and improved range of motion. It was noted that Cyclobenzaprine does decrease spasm on the average of five hours with a result of improved range of motion, tolerance to exercise and decrease in overall pain level. The claimant recalled that spasms had remained refractory with the use of activity modification, physical therapy, stretching, heat, cold, and home exercise, before cyclobenzaprine. Physical examination revealed tenderness of the right knee with no signs of infection. She lacked 5 degrees of extension and had flexion to 90 degrees with pain. She had tenderness in the lumbar spine. Range of motion in the lumbar spine was noted to be 60 degrees of flexion, 50 degrees of extension, left and right lateral tilt of 50 degrees, and left rotation to 40 degrees. Lower extremity neurologic evaluation remained unchanged. She had a positive straight leg raise. She had spasm of the lumbar paraspinal musculature. The claimant was given diagnosis of status post right total knee arthroplasty, compensatory low back pain with lower extremity symptoms, and rule out early sympathetically maintained pain syndrome right lower

extremity. The recommendation was made to continue transcutaneous electrical nerve stimulation (TENS) and a Lumbar-Sacral Orthosis (LSO). First request is for Hydrocodone 10/325 dispense #60. Other conservative treatments have included physical therapy, activity modification, stretching, heat, cold, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 76-78, 91, 124.

Decision rationale: Based on the California Chronic Pain Medical Treatment Guidelines, the request for hydrocodone cannot be recommended as medically necessary. The documentation presented for review established that the claimant has had nausea and intolerance to Hydrocodone; however, there continues to be a request for the medication which is not well understood. The Chronic Pain Guidelines state that there should be compliance with medications, as well as routine maintenance, and given the fact that there has been clear side-effects reported by the patient, the medication cannot be considered medically necessary or reasonable based on documentation presented for review and in accordance with California Chronic Pain Treatment Guidelines.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41-42, 63-64, 124.

Decision rationale: Based on the California Chronic Pain Medical Treatment Guidelines, the request for Cyclobenzaprine is not recommended as medically necessary. According to the Chronic Pain Guidelines, Cyclobenzaprine is recommended as an option as a short course of therapy. It is noted clearly that treatment should be brief. Cyclobenzaprine is associated with a number of 3 to treat at two weeks for symptom improvement and is associated with drowsiness and dizziness. In general, muscle relaxants are used as a second line option for short-term treatment of acute exacerbations and chronic low back pain. Documentation presented for review suggests the claimant has been on the medication for longer than three weeks and is using it as a maintenance medication as opposed for a short-term, acute exacerbation medication, which contradicts the California MTUS Chronic Pain Guidelines. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines the request cannot be considered medically necessary.

