

<b>Case Number:</b>	CM14-0176060		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Surgeon, has a subspecialty in Sports 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 65-year-old female who reported an injury on 01/01/2008. She was postoperative left total knee arthroplasty on 07/18/2014. The injured worker had diagnoses of displacement of the lumbar disc without myelopathy, sacroiliac ligament pain, degenerative joint disease of the hip, and degenerative joint disease of the knee. Past medical treatments consisted of surgery, physical therapy, acupuncture therapy, and medication therapy. Medications included Norco, Relafen, Lyrica, and Flexeril. On 07/01/2014 the injured worker underwent a urine drug screen which showed that they were compliant with their prescription medications. On 11/25/2014, the injured worker complained of low back pain, right hip and left knee pain. Physical examination noted that the injured worker ambulated with single point cane and limp. Examination of the lumbar spine revealed decreased painful range of motion with tenderness to palpation. Medical treatment plan was for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Norco 10/325mg, #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78 and 98.

**Decision rationale:** The request for associated surgical service: Norco 10/325mg, #150 is not medically necessary. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Norco was helping with any functional deficits the injured worker might be having. Additionally, there were no assessments submitted for review indicating what pain levels were before, during, and after medication administration. A urine drug screen was submitted on 07/01/2014 showing that the injured worker was compliant with prescription medications. However, there was no evidence submitted showing that the Norco was helping with functional status or improved quality of life. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

**Associated Surgical Service: Relafen 500mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**Decision rationale:** The request for associated surgical service: Relafen 500mg, #60 is not medically necessary. The documentation dated 07/2014 indicates the injured worker had been on Relafen since at least this time, exceeding the recommended guidelines for short term use. There was no indication in the submitted documentation that the medication was helping with any functional deficits the injured worker was having. Additionally, there was no rationale submitted for review to warrant the continuation of the medication. Furthermore, patients with long term use of NSAIDs are at risk for gastrointestinal, cardiovascular, or renovascular issues. Given that long term use is not recommended and lack of documented evidence regarding medication, the request for Relafen is not medically necessary.

**Associated Surgical Service: Flexeril 10mg, #15:** 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 Flexeril, Muscle relaxants for pain Page(s): 63.

**Decision rationale:** The request for associated surgical service: Flexeril 10mg, #15 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short term course of therapy. The greatest effect of this medication is the first 4 days of treatment, suggesting that shorter courses may be better. The efficacy of the Flexeril was not submitted for review, nor was there any indication of the injured worker having any muscle

spasm. Additionally, the documentation indicated that the injured worker had been on the Flexeril since at least 07/18/2014, exceeding the recommendations for short term course of therapy. The provider's rationale for the request was not provided within the documentation to warrant the continuation of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

**Associated Surgical Service: Lyrica 75mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Specific Anti-epilepsy Drugs Page(s): 18.

**Decision rationale:** The request for associated surgical service: Lyrica 75mg, #60 is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of the pain relief in relationship to improvements in function and increased activity. The guidelines note Lyrica has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment for neuropathic pain. There was no mention or indication of muscle weakness or numbness, which would be indicative to neuropathy. Furthermore, there was no diagnosis which was congruent with the guideline recommendations for the use of Lyrica. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.