MAXIMUS Federal Services

Case Number:	CM14-0182096		
Date Assigned:	11/06/2014	Date of Injury:	08/15/2002
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year old male with an injury date on 08/15/2002. Based on the 09/22/2014 progress report provided by Pain Management physician, the diagnoses are lumbosacral spondylosis without myelopathy; radiculopathy, cervical; failed back syndrome, lumbar; radiculopathy, lumbar spine; fibromyalgia/myositis; and other & unspecified derangement of medial meniscus. According to this report, the patient complains of "severe and increasing pain in the neck and right arm." The patient's rates current pain as a 7/10. Physical exam reveals tenderness over the bilateral cervical paraspinal muscles. Cervical and lumbar range of motion is limited with pain. There is pain at the lumbar facet joints upon palpation. Straight leg raise is positive, bilaterally. The patient's gait appears to be antalgic. The 07/14/2014 report reveals right-sided paraspinal tenderness at C4 through C7 as well as tight upper strap. There were no other significant findings noted on this report. The utilization review denied the request on 10/21/2014. The requesting provider provided treatment reports from 05/12/2014 to 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hinged knee brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Brace, under Knee & Leg (Acute & Chronic) Chapter

Decision rationale: The provider is requesting left hinged knee brace. ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When Official Disability Guidelines are consulted, criteria for knee bracing are much broader. Meniscal cartilage repair is one of the criteria for knee bracing. Given the patient's history of derangement of medial meniscus, this request is medically necessary.

Retrospective Cyclobenzaprine 5mg, #120 (DOS: 9/22/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 63.

Decision rationale: The provider is requesting retrospective Cyclobenzaprine 5mg #120 for DOS 09/22/14. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The provider is requesting Cyclobenzaprine #120 and this medication was first noted in the 06/23/2014 report. Cyclobenzaprine is not recommended for long term use. The provider does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, this request is not medically necessary.

Retrospective Morphine ER 30mg, #60 (DOS: 9/22/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The provider is requesting retrospective Morphine ER 30mg #60 for DOS 09/22/14. Morphine ER was first mentioned in the 05/19/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS

Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, the patient is to "continue activities as tolerated, while avoiding exacerbating factors." "I see no evidence of abuse, diversion, hoarding, or impairment. Adverse effects of the medications were discussed with the patient." "Patient reports that the pain at its least is 5 on the scale of 0-10, at worst is 10. Pain at present is 7 on the pain scale." A urine drug screen was obtained on 09/22/2014 with "result was inconsistent with reported medication list." Review of report shows documentation of analgesia with pain ranging from 10/10 to 5/10 but it does not say what analgesia was obtained with use of Morphine. Urine Drug Screen was obtained with inconsistent results but the results were not discussed or any specific actions taken to address potential aberrant behavior. The patient's activities were continued but there is no discussion as to any significant ADL improvement with use of the opiate. Outcomes measures are not documented as required by MTUS. No valid instruments or numerical scales are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Change in work status, or return to work attributed to use of Morphine ER were not discussed. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

Retrospective Norco 10/325mg, #90 (DOS: 9/22/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The provider is requesting retrospective Norco 10/325 mg #90 for DOS 09/22/2014. Norco was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, the patient is to "continue activities as tolerated, while avoiding exacerbating factors." "I see no evidence of abuse, diversion, hoarding, or impairment. Adverse effects of the medications were discussed with the patient." "Patient reports that the pain at its least is 5 on the scale of 0-10, at worst is 10. Pain at present is 7 on the pain scale." A urine drug screen was obtained on 09/22/2014 with "result was inconsistent with reported medication list." Review of report shows documentation of analgesia with pain ranging from 10/10 to 5/10 but it does not say what analgesia was obtained with use of Morphine. Urine Drug Screen was obtained with inconsistent results but the results were not discussed or any specific actions taken

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