

Case Number:	CM14-0086553		
Date Assigned:	07/23/2014	Date of Injury:	09/04/2010
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 44 year-old individual was reportedly injured on September 4, 2010. The mechanism of injury is noted as a trip and fall type event. The most recent progress note, dated June 16, 2014, indicates that there are ongoing complaints of multiple pain complaints. The physical examination demonstrated a 5'8", 305 pound individual who is hypertensive (132/89) and tachycardic (127 bpm). There is tenderness over the knee consistently chondromalacia patella, antalgic gait pattern is reported. Diagnostic imaging studies objectified a synovitis of the sprained deltoid ligament of the ankle, chronically thickened ligaments, and a plethora fasciitis of the right foot. Degenerative osteoarthritic changes are noted on cervical spine MRI. A small some ligamentous disc protrusion is noted at L4/L5. Previous treatment includes multiple medications, pain management interventions, and durable medical equipment. A request had been made for multiple medications and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 90: 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): 74-78,88,91 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered tempered by the current physical examination reported and taking into account the parameters outlined in the MTUS there is insufficient clinical information presented to support this request. As noted in the MTUS, there is support for short at the opioids the lowest dose possible to improve pain and function. There is no objectification of any increased functionality, decrease pain complaints, or any other parameter indicating that this medication has any efficacy or utility. Therefore, the request for Norco 10/325 mg, quantity 90 is not medically necessary and appropriate.

Xanax 0.5mg Qty 70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As outlined in the MTUS, this medication is not recommended for long-term or chronic use as the effects are unproven and there is a significant risk of dependence. Most guidelines indicate that no more than 4 weeks of treatment with this medication are supported. Therefore, when noting the finding a physical examination tempered by the lack of any documentation of improvement in the overall clinical situation there is no objective assessment of the efficacy of this medication. As such, the request for Xanax 0.5 mg quantity 70 is not medically necessary and appropriate.

Cyclobenzaprine 10mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41,64.

Decision rationale: The MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. There is no noted indication of a literature for chronic or indefinite use. Given the claimant's date of injury and current clinical presentation, there is no demonstration that this medication is achieving its intended effect. The guidelines do not support this request for chronic pain or indefinite use. As such, the request for Cyclobenzaprine 10 mg, quantity 90 is not medically necessary and appropriate