

Case Number:	CM13-0020611		
Date Assigned:	10/11/2013	Date of Injury:	07/21/2011
Decision Date:	05/13/2015	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 27 year old male, who sustained an industrial injury on 7/21/2011. The current diagnoses are trochanteric bursitis on the left, internal derangement with possible anterior cruciate ligament of the left knee; status post left femur intramedullary rodding (7/21/2011), sacroiliac joint inflammation on the left, and element of depression and insomnia. According to the progress report dated 8/15/2013, the injured worker complains of constant pain in the left hip, left knee, left leg, and left sacroiliac joint. The pain is rated 7/10 on a subjective pain scale He reports spasms in the left hip and low back. Additionally, he complains of sleep disturbance and depression secondary to persistent pain. The current medications are Terocin lotion, Norco, Tramadol, Flexeril, Prilosec, Trazadone, and Effexor. Treatment to date has included medication management, work restrictions, X-rays, MRI, electrodiagnostic studies, cortisone injections, physical therapy, and surgical intervention. Left knee arthroscopy was previously denied. The plan of care includes Norco, Flexeril, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

Decision rationale: The California MTUS chronic pain guidelines indicate that chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When the NSAIDs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term. This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. The documentation provided does not indicate trial/failure of other analgesics such as acetaminophen, aspirin, and NSAIDs. As such, the request for Norco 10/325 #60 is not supported and the medical necessity of the request has not been established

Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: California MTUS chronic pain guidelines indicate cyclobenzaprine is skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is more effective than placebo in the management of back pain although the fact is modest and comes at the price of adverse effects. It has a central mechanism of action but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. The greatest effect appears to be in the first 4 days of treatment. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. As such, the request for cyclobenzaprine 7.5 #60 is not supported and the medical necessity of the request has not been established.