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| Case Number: | CM14-0210880 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 01/08/2002 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 57-year-old male with a date of injury of 01/08/2002. According to progress report dated 11/04/2014, the patient presents with low back, bilateral knee, and right elbow pain. The patient also reports issues of sleep, stress, and depression. Examination revealed at the knee, tenderness along the joint line with no instability. Extension is 170 degrees and flexion is 90 degrees with tenderness along the joint line noted. There is tenderness along the lumbosacral area. Straight leg raise test is positive bilaterally. The listed diagnoses are: 1. Chronic low back pain with post-surgical pain, history of T12-L1 fusion, L1-L2 fusion, old L1 and L5 compression fracture. 2. Right knee internal derangement, status post 3 arthroscopies starting in 2010. 3. Internal derangement of the left knee. 4. Chronic pain syndrome. The patient has not worked since 2006. Treatment plan was for hot and cold therapy, ELS brace, psychiatry consultation, liver and kidney function test, and refill of medications including Nalfon 400 mg, Protonix 20 mg, Norflex 100 mg SR, Terocin patches, LidoPro cream, Effexor XR 75 mg, Topamax 50 mg, Flexeril 7.5 mg, Norco, and Ambien 10 mg. The utilization review denied the request on 11/17/2014. Treatment reports from 02/26/2013 through 07/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription for Norflex 100mg, #360: Upheld

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

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

Decision rationale: This patient presents with chronic low back, bilateral knee, and right elbow pain. The current request is for 1 prescription for Norflex 100 mg #360. Norflex is a muscle relaxant similar to Flexeril. This appears to be an initial request as prior progress reports do not discuss this medication. The MTUS Guidelines page 63 do not recommend long term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Review of the medical file indicates the patient has been utilizing muscle relaxant Soma and Flexeril on a long term basis. It is unclear why Norflex is being concurrently prescribed with Flexeril. In any case, the treating physician has made a request for #360. The MTUS states that muscle relaxants are not recommended for long term use and no more than 2 to 3 weeks. The requested Norflex #360 is not medically necessary.

One Prescription for Effexor 75 Mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin-norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: This patient presents with chronic low back, bilateral knee, and right elbow pain. The current request is for Effexor. For antidepressants, the MTUS Guidelines page 13 to 15, states that Effexor is FDA-approved for anxiety, depression, panic disorder, and social phobia. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy. The utilization review denied the request stating that "the patient is not diagnosed with any of these and the provider has no objective findings that would lead one to believe that he has one of these diagnoses." In this case, the patient presents with radicular symptoms that includes positive straight leg raise and suffers from depression. The treating physician has prescribed this medication in conjunction with the MTUS Guidelines; however the current request is for an unspecified quantity of Effexor for unknown duration of treatment. The open-ended request for Effexor is not medically necessary.

One prescription for Norco #180: Overturned

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; medication for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: This patient presents with chronic low back, bilateral knee, and right elbow pain. The current request is for 1 prescription for Norco #180. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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 4As (analgesia, ADLs, adverse side effects, and adverse 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. Review of the medical file indicates the patient has been prescribed Norco since 02/26/2013. According to progress report dated 07/16/2014, the patient reports no side effects with current medications and states that medications are "working well." A urine toxicology screen dated 02/21/2014 documents the patient is compliant with his medication regimen. Norco specifically reduces pain from 10+/10 to 7/10. He is able to do light chores around the house, cooking, cleaning, and laundry with medications. It was noted that without medications "he would have to hire someone to do these things for him." In this case, the treating physician has provided adequate documentation of this medication's efficacy and states that the patient is able to perform light household duties including cooking and cleaning. Possible adverse side effects were discussed and urine toxicology screen from 04/21/2014 was consistent with the medications prescribed. It was noted that Norco specifically reduces pain from "10+/10 to 7/10." Given the treating physician has documented the 4 A's as required by MTUS for opiate management, the requested Norco is medically necessary.