

Case Number:	CM14-0214173		
Date Assigned:	01/07/2015	Date of Injury:	12/30/2012
Decision Date:	02/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31 year old female who was injured at work on 12/20/2012. The progress report of 11/24/2014 noted she suffers from chronic right knee and right foot pain; weakness of right knee. A fall on 10/25/2014 worsened her pain, but the pain had gone back to baseline at the time of the visit. The medications help with her pain. A Qualified Medical Evaluation of 10/15/14 placed her at permanent and stationary with the recommendation of work restrictions, continued treatment with pain management, judicious use of medications; may need knee injection and surgery for right tarsal syndrome; trial of 8 sessions of acupuncture, 8 sessions of physical therapy, 8 sessions of cognitive behavior therapy with biofeedback for chronic pain and depression. However, she declined the recommendation for surgery. The physical examination revealed limited range of motion of the right knee, positive grinding of right knee during range of motion testing. The worker has been diagnosed of Long term use of medications; derangement, medial meniscus; pain in joint of ankle. Treatments with physical therapy, Tramadol, Gabapentin, Ibuprofen, and Relafen have not helped; but Norco and Flexeril have been helpful. At dispute are the requests Cyclobenzaprine-Flexeril 7.5mg #90; and Hydrocodone Bit/APAP 2.5/325mg, #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine-Flexeril 7.5mg #90 with a date of service of 11/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 64.

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

Decision rationale: The injured worker sustained a work related injury on 12/20/2012. The medical records provided indicate the diagnosis of Long term use of medications; derangement, medial meniscus; pain in joint of ankle. Treatments with physical therapy, Tramadol, Gabapentin, Ibuprofen, and Relafen have not helped; but Norco and Flexeril have been helpful. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine-Flexeril 7.5mg #90. The record indicates she had prescription for 90 tablets during her with the provider on 10/24/14. The recommended dose of the medication is 5 mg three times a day, but can be increased to 10 mg three times a day, for no longer than 2-3 weeks, due to increasing risk of side effects. Therefore, although the prescriber defended the medical necessity of this drug by stating she uses it intermittently, the supply she had in the preceding month was for one month of continuous use. The requested treatment is not medically necessary and appropriate, because both the previous quantity, and this present quantity being requested, each exceed the 2-3 weeks use recommended by the MTUS.

Retrospective request for Hydrocodone Bit/APAP 2.5/325mg, #30 with a date of service of 11/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, Chronic Pain Treatment Guidelines Opioids Page(s): 81.

Decision rationale: The injured worker sustained a work related injury on 12/20/2012. The medical records provided indicate the diagnosis of Long term use of medications; derangement, medial meniscus; pain in joint of ankle. Treatments with physical therapy, Tramadol, Gabapentin, Ibuprofen, and Relafen have not helped; but Norco and Flexeril have been helpful. The medical records provided for review do not indicate a medical necessity for Hydrocodone Bit/APAP 2.5/325mg, #15. The report indicates she declined the advice for knee surgery, and she has been on intermittent use of opioids since 2013. She has not been able to return to work because her job does not accommodate work restrictions. The MTUS states that a major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). Furthermore, the MTUS recommends that individuals, particularly, those below 35 years, with clear evidence of Meniscal tear, be treated with either arthroscopic partial meniscectomy, or arthroscopic meniscal repair to preserve meniscal function. Therefore, the requested treatment is not medically necessary and appropriate.

