

Case Number:	CM15-0004675		
Date Assigned:	01/15/2015	Date of Injury:	03/22/2001
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old female patient who sustained an industrial injury on 3/22/01. The diagnoses included bilateral knee contusion, lateral meniscal tear, medial lateral meniscal tear. She sustained the injury due to fell in to a hole along the side walk dug. Per the doctor's note dated 11/25/14, she had complaints of knee pain at 7/10. The physical examination of the knees revealed tenderness to medial and lateral joint lines, crepitus and knee range of motion- flexion 90 and extension 0 degree. The medications list includes norco, flexeril and colace. She has undergone right shoulder arthroscopic surgery on 12/23/2008. Treatments to date have included weight loss, oral pain medications, oral muscle relaxant, acupuncture, and injections. On 12/22/14, Utilization Review non-certified a request for Colace 100mg, 100 Tablets, Flexeril 10mg, 30 Tablets and Norco 7.5/325mg, 120 Tablets. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg Qty 100 Tablets: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioid-induced constipation treatment Thompson Micromedex FDA labeled indication for Docusate sodium

Decision rationale: Request: Colace 100mg Qty 100 Tablets. Colace contains Docusate sodium. According to the Thompson Micromedex FDA labeled indication for Colace includes constipation care. A detailed history regarding constipation is not specified in the records provided. A detailed abdominal examination is not specified in the records provided. Other measures for treatment of constipation are not specified in the records provided. In addition, the medical necessity norco (which may be contributing to the constipation) is also not fully established. So the response of the symptoms of constipation after decrease or discontinuation of the Norco is not specified in the records provided. The medical necessity of Colace 100mg Qty 100 Tablets is not fully established for this patient.

Flexeril 10mg Qty 30 Tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): page 64.

Decision rationale: Request: Flexeril 10mg Qty 30 Tablets. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect 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. According to the records provided patient had complaints of knee pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm or an acute exacerbation in a recent note is not specified in the records provided. The medical necessity of Flexeril 10mg Qty 30 Tablets is not established for this patient.

Norco 7.5/325mg Qty 120 Tablets: 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): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Norco 7.5/325mg Qty 120 Tablets Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 7.5/325mg Qty 120 Tablets is not established for this patient.