

Case Number:	CM15-0118202		
Date Assigned:	06/26/2015	Date of Injury:	07/26/2003
Decision Date:	08/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York

Certification(s)/Specialty: Emergency 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 58-year-old female, with a reported date of injury of 07/26/2003. The mechanism of injury was not indicated. The injured worker's injuries at the time of the injury included were not indicated. The diagnoses include post-traumatic right knee degenerative joint disease, L5-S1 decompression and fusion with symptomatic hardware, and chronic back pain. Treatments and evaluation to date have included physical therapy for the right knee, right total knee arthroplasty on 01/20/2015, oral medications, a hardware block, with no relief, and topical pain medications. The diagnostic studies to date have included urine drug screenings. The progress report dated 03/12/2015 indicates that the injured worker was status post a right total knee arthroplasty, and she had been made permanent and Stationary. No chief complaint was documented. The physical examination showed flexion of the back at 60 degrees, extension of the back at 10 degrees, some spasm of the back, negative straight leg raise, and normal ankle dorsi and plantar flexors, quadriceps, and iliopsoas. It was noted that the treating physician reviewed the injured worker's CURES report. She received Percocet for a short period of time postoperatively from the surgeon. She was no longer going to take Percocet. The importance of the Opioid Agreement was discussed. The injured worker remained Permanent and Stationary. On 02/23/2015, the injured worker was temporarily totally disabled for three months. The treating physician requested Hydrocodone/acetaminophen 10/325mg #90 and Cyclobenzaprine 10mg #30, with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP (acetaminophen) 10-325 mg #90: 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): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker had been taking Norco (hydrocodone/acetaminophen) since at least 09/2014. There is no evidence of significant pain relief or increased function from the opioids used to date. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no documentation of a pain assessment. The guidelines indicate that ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Therefore, the request for hydrocodone/acetaminophen is not medically necessary.

Cyclobenzaprine 10mg #30 with 1 refill: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time, and prolonged use of the some medications in this class may lead to dependence. The guidelines recommend cyclobenzaprine for a short course of therapy. The injured worker has been taking Flexeril (Cyclobenzaprine) since at least 11/20/2014 according to the medical records. This medication is not recommended to be used for longer than 2-3 weeks. Therefore, the request for cyclobenzaprine is not medically necessary.