

Case Number:	CM15-0119000		
Date Assigned:	06/29/2015	Date of Injury:	06/08/2011
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 48-year-old male with a reported date of injury of 06/06/2011. The mechanism of injury was that his left foot went into a hole and his whole body weight shifted while lifting. The injured worker's symptoms at the time of the injury included pressure on the entire left lower extremity including the hip and knee. The diagnoses include sprain of left hip, enthesopathy of the left knee, osteoarthritis of the left knee, myalgia and myositis, chronic pain syndrome, and sprain of the left knee. Treatments to date have included left knee cortisone injection, with no improvement; physical therapy with moderate improvement; oral medications; acupuncture without significant left hip pain relief; left shoulder surgery in 10/2012; topical pain medication; and home exercise program. The diagnostic studies to date have included an MRI of the left knee, an x-ray of the left knee, and an MRI of the left hip on 04/08/2015. The medical report dated 04/08/2015 indicates that the severity of the injured worker's left shoulder, left elbow, left hip, and left knee pain was rated 3-7 out of 10. He took Norco twice a day as needed for severe pain. The injured worker's work status was noted as modified duty. The medical report dated 05/15/2015 indicates that the injured worker's pain was chronic. He had pain in the left shoulder, left elbow, left hip, and left knee. The severity of the pain was rated 3-7 out of 10. The injured worker's pain was associated with joint stiffness and joint tenderness of the left joints, and left lower extremity weakness. It was noted that Norco provided moderate improvement. He continued to take Norco two times a day as needed for severe pain. The injured worker wanted to return to work on modified duty. The physical examination showed a left antalgic gait; marked tenderness of the left hip rotators and iliotibial

band (ITB) with associated painful give-way weakness with left hip abduction and internal rotation; tenderness of the left medial and lateral knee; a low mood; and flat affect. Modified duty was requested; however, the injured worker's job was unable to accommodate at the current time. The treating physician requested Norco 10/325mg #60 and Cyclobenzaprine 10mg #30, with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that opioid medications are a class of drugs that have a primary indication to relieve symptoms related to pain. The injured worker had been taking Norco since at least 10/17/2014 according to the medical records. The guidelines also 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 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. The documentation did not include these items as recommended by the guidelines. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There was no documentation of pain relief, functional status, functional goals, or improvement in activities of daily living as a result of use of Norco. Work status was unchanged. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Random drug testing and an opioid contract were not discussed. Therefore, the request for Norco is not medically necessary.

Cyclobenzaprine 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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 exacerbations 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 medication has sedating side effects. 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. This medication is not recommended to be used for longer than 2-3 weeks. The injured worker has been taking this medication since at least 01/14/2015, which exceeds the guideline recommendations. There was no documentation of functional improvement as a result of use of cyclobenzaprine. Work status was unchanged, and there was no documentation of improvement in specific activities of daily living as a result of use of cyclobenzaprine. Therefore, the request for Cyclobenzaprine is not medically necessary.