

Case Number:	CM15-0178498		
Date Assigned:	09/18/2015	Date of Injury:	09/30/2013
Decision Date:	10/22/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/10/2015

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: California

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:

This is a 24 year old male with a date of injury on 9-30-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right knee sprain-strain, derangement of right knee and right knee tendinopathy. Medical records (2-19-2015 to 8-19-2015) indicate ongoing right knee pain rated seven to nine out of ten. According to the progress report dated 8-19-2015, the injured worker was two weeks post-op. He reported mild gastrointestinal distress, resolved with medications. He rated his right knee pain as eight out of ten. Per the treating physician (8-19-2015), the employee was not working. The physical exam (8-19-2015) revealed tenderness to palpation along the right medial and lateral joint lines. Reflexes were abnormal and gait was antalgic. Treatment has included physical therapy, home exercise program and medications. The injured worker has been prescribed Norco and Cyclobenzaprine since at least 2-25-2015. Current medications (8-19-2015) included Norco, Cyclobenzaprine, Omeprazole and LidoPro cream. The injured worker underwent right knee arthroscopy on 8-6-2015. Per the 8-19-2015 progress report, the injured worker was to wean off Norco and use Tramadol as needed. The original Utilization Review (UR) (8-29-2015) non-certified requests for Norco and Cyclobenzaprine. UR certified a request for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #140, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing right knee pain rated seven to nine out of ten. According to the progress report dated 8-19-2015, the injured worker was two weeks post-op. He reported mild gastrointestinal distress, resolved with medications. He rated his right knee pain as eight out of ten. Per the treating physician (8-19-2015), the employee was not working. The physical exam (8-19-2015) revealed tenderness to palpation along the right medial and lateral joint lines. Reflexes were abnormal and gait was antalgic. Treatment has included physical therapy, home exercise program and medications. The injured worker has been prescribed Norco and Cyclobenzaprine since at least 2-25-2015. Current medications (8-19-2015) included Norco, Cyclobenzaprine, Omeprazole and LidoPro cream. The injured worker underwent right knee arthroscopy on 8-6-2015. Per the 8-19-2015 progress report, the injured worker was to wean off Norco and use Tramadol as needed. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #140 is not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Cyclobenzaprine 7.5mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has ongoing right knee pain rated seven to nine out of ten. According to the progress report dated 8-19-2015, the injured worker was two weeks post-op. He reported mild gastrointestinal distress, resolved with medications. He rated his right knee pain as eight out of ten. Per the treating physician (8-19-2015), the employee was not working. The physical exam (8-19-2015) revealed tenderness to palpation along the right medial and lateral joint lines. Reflexes were abnormal and gait was

antalgic. Treatment has included physical therapy, home exercise program and medications. The injured worker has been prescribed Norco and Cyclobenzaprine since at least 2-25-2015. Current medications (8-19-2015) included Norco, Cyclobenzaprine, Omeprazole and LidoPro cream. The injured worker underwent right knee arthroscopy on 8-6-2015. Per the 8-19-2015 progress report, the injured worker was to wean off Norco and use Tramadol as needed. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5mg is not medically necessary.