

Case Number:	CM15-0042321		
Date Assigned:	03/12/2015	Date of Injury:	02/28/2013
Decision Date:	06/25/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/05/2015

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:

The injured worker is a 56 year old male, who sustained an industrial injury on 2/28/2013. He reported bilateral knee pain. The injured worker was diagnosed as having lumbar radiculopathy, lumbar spine degenerative disc disorder, low back pain, post lumbar laminectomy syndrome, and mood disorder. Treatment to date has included medications, magnetic resonance imaging, left knee steroid injection indicated to have given 50% pain relief, and venous ultrasound. The request is for Flexeril, Voltaren gel, and Norco. The records indicate he has been utilizing Norco, Flexeril and Voltaren gel since at least May 2014. On 5/14/2014, he underwent magnetic resonance imaging of the right knee. On 10/13/2014, he had a venous ultrasound of the right leg. On 11/18/2014, he had bilateral knee pain he reported as increased from the previous visit. He rated his pain with medications as 4/10, and without medications 8/10. He reported his quality of sleep to be fair, and is continuing to work full time. On 12/16/2014, he complained of bilateral knee pain. He rated his pain 7/10 with medications and 10/10 without medications. He indicated his sleep quality is poor, and is not trying any other therapies currently for pain relief. He reported his quality of life has remained unchanged from his previous visit. Physical examination revealed restricted range of motion with flexion limited to 95 degrees on the right, and tenderness is noted. His left knee is noted to have no limitations, and noted tenderness to the area. The treatment plan included: Norco, Flexeril, Voltaren gel, and continue to work full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

Decision rationale: The requested Flexeril 7.5mg, #60, 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 bilateral knee pain. He rated his pain 7/10 with medications and 10/10 without medications. He indicated his sleep quality is poor, and is not trying any other therapies currently for pain relief. He reported his quality of life has remained unchanged from his previous visit. Physical examination revealed restricted range of motion with flexion limited to 95 degrees on the right, and tenderness is noted. His left knee is noted to have no limitations, and noted tenderness to the area. 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, Flexeril 7.5mg, #60 is not medically necessary.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 10/325mg, #90, 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 bilateral knee pain. He rated his pain 7/10 with medications and 10/10 without medications. He indicated his sleep quality is poor, and is not trying any other therapies currently for pain relief. He reported his quality of life has remained unchanged from his previous visit. Physical examination revealed restricted range of motion with flexion limited to 95 degrees on the right, and tenderness is noted. His left knee is noted to have no limitations, and noted tenderness to the area. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or 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, #90 is not medically necessary.

Voltaren 1% gel, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69.

Decision rationale: The requested Voltaren 1% gel, #1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has bilateral knee pain. He rated his pain 7/10 with medications and 10/10 without medications. He indicated his sleep quality is poor, and is not trying any other therapies currently for pain relief. He reported his quality of life has remained unchanged from his previous visit. Physical examination revealed restricted range of motion with flexion limited to 95 degrees on the right, and tenderness is noted. His left knee is noted to have no limitations, and noted tenderness to the area. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren 1% gel, #1 is not medically necessary.