

Case Number:	CM15-0091976		
Date Assigned:	05/18/2015	Date of Injury:	01/29/2014
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male who sustained an industrial injury on January 29, 2014. He has reported low back pain and left knee pain and has been diagnosed with status post left knee arthroscopic surgery, September 15, 2014; subtotal meniscectomy and chondroplasty, lateral compartment, for grade 4 changes and lumbar disc protrusion, L4-5 and L5-S1 levels with radiculopathy. Treatment has included medical imaging, a home exercise program, surgery, medications, and physical therapy. The low back exam demonstrates diffuse tenderness with positive straight leg raising bilaterally at approximately 60 degrees. The examination of the left knee demonstrates full range of motion, 1+ effusion. He had crepitation at the lateral compartment. There was pain free range of motion of all other joints of both lower extremities. Previous MRI demonstrated disc protrusions at L4-5 and L5-S1 levels. MRI scan of the left knee dated March 3, 2014 demonstrated a large oblique tear of the lateral meniscus within the posterior horn. Cruciate ligaments are intact. There is moderate to severe diffuse cartilage loss within the articular surface of the lateral femoral condyle and lateral tibial plateau with minimal joint effusion. The treatment request included retrospective hydrocodone and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg, 3 times per day, Qty 90 (retro dispensed 3/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for hydrocodone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested hydrocodone is not medically necessary.

Cyclobenzaprine 10 mg, 2 times per day, Qty 60 (retro dispensed 3/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.