

Case Number:	CM15-0094173		
Date Assigned:	05/20/2015	Date of Injury:	06/05/2013
Decision Date:	06/24/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/15/2015

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, Indiana, New York
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 36 year old female, who sustained an industrial injury on 6/5/2013. She reported bilateral foot pain. The injured worker was diagnosed as having plantar fasciitis, and tarsal tunnel syndrome. Treatment to date has included bilateral foot ultrasound (12/5/2014), medications, home exercise, shockwave therapy. The request is for Norco, Flexeril and a urine drug screen. A urine drug screen on 10/23/2014, did not detect the prescribed Hydrocodone, but did detect Codeine, and Morphine. On 12/17/2014, she reported having shockwave therapy of the feet, which she indicated, decreased the pain in the arch of the foot. On 3/30/2015, she had completed 3 sessions of shockwave therapy to her feet. She reported her pain to be 7-% improved on the right, and 60-70% improved on the left. She stated she felt like she was "walking on bone". Examination revealed hyperpronation of feet, and tender plantar fascia, and negative for laxity. The treatment plan included: continuation of home exercise program, heel cups, and discharge from care as she does not want surgery and would like to see the "full effects" of shockwave therapy. The records do not indicate pain relief, functional status, or side effects of Norco or Flexeril. Several pages of the medical records contain handwritten information, which is difficult to decipher.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are ankylosis of joint lower leg; carpal tunnel syndrome; and pain in joint forearm. The documentation shows the injured worker was taking Norco 10/325 mg as far back as December 1, 2014. Tramadol 150 mg was also prescribed. The request for authorization is dated May 1, 2015. According to the progress note dated April 27, 2015, the injured worker subjectively complains of pain in the right wrist and right knee. Objectively, there is tenderness palpation at the knee and foot. There are no low back symptoms. There is no spasm at the lower back. There was no documentation demonstrating objective(s) improvement with ongoing Norco 10/325 mg. There are no pain assessments or risk assessments in the medical record. There has been no attempt at weaning Norco 10/325 mg. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco, risk assessments and detailed pain assessments and an attempt at weaning Norco, Norco 10/325mg #60 is not medically necessary.

Flexeril 10mg # 40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #40 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case,

the injured worker's working diagnoses are ankylosis of joint lower leg; carpal tunnel syndrome; and pain in joint forearm. The documentation shows the injured worker was taking Flexeril 10 mg as far back as December 1, 2014. The request for authorization is dated May 1, 2015. According to the progress note dated April 27, 2015, the injured worker subjectively complains of pain in the right wrist and right knee. Objectively, there is tenderness palpation at the knee and foot. There are no low back symptoms. There is no spasm at the lower back. Flexeril is indicated short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. Additionally, the treating provider exceeded the recommended guidelines for use by prescribing Flexeril 10 mg in excess of five months. There is no documentation of lumbar tenderness or spasm. There is no objective functional improvement or attempted Flexeril weaning. Consequently, absent compelling clinical documentation to support the ongoing use of Flexeril in excess of the recommended guidelines for short-term use with evidence of objective functional improvement, Flexeril 10 mg #40 is not medically necessary.