

Case Number:	CM15-0098063		
Date Assigned:	05/29/2015	Date of Injury:	01/09/2015
Decision Date:	07/03/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 54-year-old female, who sustained an industrial injury on 1/9/15. She reported a back injury and left knee injury. The injured worker was diagnosed as having lumbosacral strain and contusion of left knee. Treatment to date has included oral medications including narcotics, left knee immobilizer, and acupuncture and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 3/6/15 revealed mild central and foraminal stenosis L3-5 and L4-5 and subtle anterolisthesis at L2-3 and L3-4. Currently, on 4/23/15 the injured worker complains of stabbing pain in left knee rated 8/10 and pain in low back rated 6-8/10. She is currently not working. Physical exam noted antalgic gait with a cane for assistance, wearing a knee immobilizer and marked tenderness of lateral joint line; lumbosacral tenderness and decreased sensation of L4-5 on left. Physical examination of the left knee revealed tenderness on palpation and limited range of motion. The treatment plan included refilling Vicodin and Flexeril, request for updated (MRI) magnetic resonance imaging, remain in immobilizer and remain off work. The patient has had MRI of the left knee on 2/21/15 that revealed effusion and edema consistent with tibial plateau fracture. The patient sustained the injury due to trip and fall incident. The patient has used crutches for this injury. The medication list includes Celexa, Simvastatin and Lisinopril. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80, Criteria for use of Opioids, Therapeutic Trial of Opioids.

Decision rationale: Request: Vicodin 5/300 #30 Vicodin is an opioid analgesic in combination. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non- opioid medications, without the use of Vicodin, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Vicodin 5/300 #30 is not established for this patient.

Flexeril 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42, NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Flexeril 10mg #30. According to CA MTUS guidelines cited below "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." he injured worker was diagnosed as having lumbosacral strain and contusion of left knee. (MRI) magnetic resonance imaging of lumbar spine performed on 3/6/15 revealed mild central and foraminal stenosis L3-5 and L4-5 and subtle anterolisthesis at L2-3 and L3-4. Currently, on 4/23/15 the injured worker complains of stabbing pain in left knee rated 8/10 and pain in low back rated 6-8/10. Physical exam noted antalgic gait with a cane for assistance, wearing a knee immobilizer and marked tenderness of lateral joint line; lumbosacral tenderness and decreased sensation of L4-5 on left. Physical examination of the left knee revealed tenderness on palpation and limited range of motion. The patient has had MRI of the left knee on 2/21/15 that revealed effusion and edema consistent with tibial plateau fracture. The patient has used crutches for this injury. The medication list includes Celexa, Simvastatin and Lisinopril. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg #30 is medically appropriate and necessary in this patient.