

<b>Case Number:</b>	CM14-0140153		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 58 year old male who sustained an injury on 5-3-12. The initial complaint occurred when the IW was accidentally pierced by one of the forks of a forklift in his left calf, causing him to be pinned against a trash dumpster, with his left ankle bent sideways alongside the dumpster. He fell sideways after being released causing injury to his left wrist. Diagnoses and surgery include Left wrist strain; left thumb metacarpophalangeal joint sprain involving ulnar collateral ligament, with chronic instability; left thumb repair of collateral ligament, release of FCR tendon sheath on 3-19-13; Left thumb metacarpophalangeal joint surgery on 4-22-14; lumbar spine left sciatic nerve contusion and nueraproxia at level of left distal one third of thigh; left knee arthroscopic partial medial meniscus and debridement on 6-29-12; left knee arthroscopic partial medical menisectomy and debridement postoperative on 8-2-13. An X-ray report of lumbar spine lumbar shows narrowing of the intervertebral disc space at L4-5, L1-2 and to a lesser degree L5-S1 and L3-4 (per X-ray on 1-6-14); Diagnostic tests include MRI lumbar spine 5-23-14 document results as lumbar spine degenerative foraminal stenosis, marked or sever bilateral L3-4 and L4-5. MRI left knee 5-13-13, MRI left ankle 5-22-12, X-rays of left knee and lumbar spine. Treatment has also included physical therapy to the left thumb. The progress report from 2-10-14 documents the IW has ongoing pain over his left wrist and thumbs; continued low back pain that is intermittent in terms of frequency and feels pain with any movement. He is only able to perform reduced range of motion maneuvers due to the pain; feels locking and tingling and that the pain keeps him from sleep at night. Physical exam of the left wrist, thumb reveals tenderness to palpation over the metacarpal phalangeal joint with

ligament stability in 0 degree and 30 degree with radial deviation. Sensory examination shows decreased sensation over the dorsal ulnar aspect of the left thumb. The lumbar spine exam shows tenderness over the left L5-D1 level, left sciatic notch, posterior aspect of the left thigh, posterior aspect of the left calf, and plantar surface of the left foot; motor strength is four out of five with right ankle evertors and left ankle plantar flexion. Left knee examination has tenderness to palpation over the medial joint line and patellar tendon and the IW ambulates with an antalgic gait. Medications include Hydrocodone, Flexeril, Mobic and Ambien. The orthopedic progress report from 7-14-14 notes the IW is being reevaluated for the fusion of his left thumb MP joint which was performed on 4-22-14. Medications prescribed include Flexeril 10 mg quantity 90 and Norco 5 mg quantity 60. On physical examination the preoperative pain to his left thumb has resolved. There was tingling with tapping along the course of the radial nerve at the level of the wrist and thumb. X-rays left thumb show healing and bony union at the MP joint fusion site. Current requested treatments retrospective request for Norco 5 mg #60, Retrospective request for Flexeril 10 mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Norco 5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**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, retrospective requests Norco 5 #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 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 left wrist strain; left thumb metacarpal phalangeal joint sprain; left thumb repair collateral ligament; left thumb metacarpal phalangeal joint surgery; lumbar spine mechanical back pain; left sciatic nerve contusion; left knee arthroscopic partial medial meniscectomy and recent; left knee tear posterior horn and body of medial meniscus; left ankle probable tear anterior talo-fibular ligament. Date of injury is May 3, 2012. Request for authorization is July 23, 2014. According to a progress note dated February 10, 2014, the treating provider prescribed Norco 5/325 mg and Flexeril 10 mg. According to a July 14, 2014 progress note, the injured worker complains of left wrist pain and fingers, low back pain, left knee and foot pain with numbness and tingling. Objectively, there is tenderness to

help patient over the bilateral L5 - S1 paraspinal muscle groups with decreased sensation over the plantar aspect of the foot. There is tenderness palpation of the left knee. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There are no detailed pain assessments. There were no risk assessments. There has been no attempt at weaning Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempt that weaning, retrospective requests Norco 5mg #60 is not medically necessary.

**Retrospective request for Flexeril 10mg #90: Upheld**

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request Flexeril 10 mg #90 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 left wrist strain; left thumb metacarpal phalangeal joint sprain; left thumb repair collateral ligament; left thumb metacarpal phalangeal joint surgery; lumbar spine mechanical back pain; left sciatic nerve contusion; left knee arthroscopic partial medial meniscectomy and recent; left knee tear posterior horn and body of medial meniscus; left ankle probable tear anterior talo-fibular ligament. Date of injury is May 3, 2012. Request for authorization is July 23, 2014. According to a progress note dated February 10, 2014, the treating provider prescribed Norco 5/325 mg and Flexeril 10 mg. According to a July 14, 2014 progress note, the injured worker complains of left wrist pain and fingers, low back pain, left knee and foot pain with numbness and tingling. Objectively, there is tenderness to help patient over the bilateral L5 - S1 paraspinal muscle groups with decreased sensation over the plantar aspect of the foot. There is tenderness palpation of the left knee. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril. Flexeril is 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. The treating provider has prescribed Flexeril in excess of five months (at a minimum). The start date is not specified in the medical record. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of five months (guideline recommendations less than two weeks), retrospective request Flexeril 10 mg #90 is not medically necessary.

