

Case Number:	CM13-0047101		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2001
Decision Date:	03/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female who reported injury on 02/02/2001. The mechanism of injury information was not provided in the medical records. The patient's diagnoses included lumbar spine sprain and strain with bilateral lower extremity radiculopathy, disc bulge 3 mm at L4-5, 2 mm at L5-S1 with disc degenerative disease, osteoarthritis to L5-S1, as per an MRI dated 08/11/2009. The patient is status post bilateral knee surgery in 1992 and 1994. The most recent clinic note is a primary treating physician supplemental medical legal report dated 01/24/2014. On 11/27/2013, the patient complained of severe left knee pain with pinching sensations, and low back pain with numbness and tingling sensation into the left lower extremity. The patient also reported that her left knee was buckling and giving away. She had completed 5 aquatic therapy sessions with improved movement of her left knee, and low back; however, she continued to complain of tingling sensations into the left lower extremities. Examination of the lumbar spine revealed tenderness over bilateral paravertebral muscles, quadratus lumborum and lumbosacral joints. There was a noted positive straight leg raise to the left. Sensation was decreased in left lower extremity with patchy distribution. Examination of the left knee revealed diffuse swelling over the parapatellar region, and noted tenderness over the medial and lateral joint lines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxepin HCl 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

Decision rationale: Per California MTUS Guidelines, it is stated that antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated or contraindicated. It is noted that analgesia should occur within a few days to a week. The patient has been taking the requested medication for a significant amount of time and continues to have the same complaints of pain. Therefore, the medical necessity for continued use of the requested medication cannot be determined at this time and the request for Doxepin HCL 50 mg #60 is non-certified.

Tizanidine HCl 4mg #90: Upheld

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

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

Decision rationale: Per California MTUS Guidelines, it is stated that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. As the patient has been taking the requested medication for a significant amount of time and continues to have unchanged complaints of pain, and no significant change in her functional capabilities, the medical necessity for continuation of the requested medication cannot be determined at this time and the request for tizanidine HCL 4 mg #90 is non-certified.

Hydrocodone/APAP 7.5/750mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Per California MTUS Guidelines, when there is ongoing management of pain with the use of opioids, it is required to have ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should also be pain assessments documented in the medical record. However, there is no documentation provided in the medical record of the patient's functional status, pain relief in reference to the requested medication, any side effects the patient to the medication, and there is also no pain assessment

provided in the medical record. Therefore, the medical necessity for continuation of the requested medication cannot be determined at this time and the request for hydrocodone/APAP 7.5/750 mg #90 is non-certified.