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| <b>Case Number:</b>   | CM13-0049320 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/01/2003 |
| <b>Decision Date:</b> | 03/07/2014   | <b>UR Denial Date:</b>       | 10/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/07/2013 |

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

A 62 year old female who bruised the knees and strained the wrists, back and left elbow in a work injury dated 5/1/3. This 62 year old woman underwent revision of her left total knee tibial component with synovectomy on 5/13/10. The procedure was performed by [REDACTED] who followed her progress and noted that she initially had better stability after the surgery. By December 2010 she was noted to an abnormal gait and crepitus with knee motion. Prior UR denied Xanax, Lunesta and Soma on 10/29/13. These medications are addressed again in this review. Per 8/12/13 Follow up report by [REDACTED]: "Patient is still complaining of persistent left knee pain and back pain. She underwent left total knee revision arthroplasty/arthroplasty with [REDACTED] in April 2012. She is currently undergoing physical therapy of her left knee. Her left knee is still weak. As a matter of fact, she fell 2 months ago because of her left knee giving out. She has difficulty standing and walking for prolonged periods of time, The patient is also frustrated since all her medications are now being disputed by her insurance company."

PHYSICAL EXAMINATION: the patient is alert, awake, and not in respiratory distress. The patient is tearful. She appears overwhelmed. She has been ambulating with her straight cane. She has an antalgic gait Motor strength; left hip flexion 5-/5, left knee extension 4/5, and bilateral ankle dorsiflexion 5/5. She has no calf tenderness or swelling. The patient is casually dressed. Her grooming is fair. She is fully awake and not drowsy. IMPRESSION: 1. Status post redo left total knee replacement 2. Chronic low back pain secondary to lumbosacral degenerative disk disease. 3. Left shoulder rotator cuff tear, status post arthroscopy. 4. Depression. . 5. Chronic pain syndrome. 6. Anxiety. 7. Opioid dependence. 8. Insomnia: TREATMENT PLAN: "The patient has been very compliant with medications. Again, I urged the insurance company to please authorize her medications that are being prescribed to treat her industrial injury. She has

been prescribed Percocet 10/325 mg two tablets four times a day, dispensed #240; Xanax 1 mg one p.o. t.i.d., dispensed #90. Soma 350mg one p.o. q.i.d.; Lidoderm patch one to two patch 12 hours on and 12 hours off; omeprazole 20 mg two p.o. q.d.; Lunesta 2 mg two p.o. q:h,s., Prozac 40 mg once daily Sumavel DosePro p.r.n. for headaches; and polyethylene glycol one a day for constipation. 'Awaiting AME report from [REDACTED]. The patient will follow up in one month. I asked her lawyer to please intervene and help facilitate medications that are being prescribed to patient" 8/27/13 Document from psychologist [REDACTED] stating patient has major depressive disorder, recurrent with anxious features. 9/16/13 knee x-ray IMPRESSION: Unremarkable and grossly stable left total knee arthroplasty.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1mg number ninety (90) with five (5) refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition and Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2013 web-based edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Xanax 1mg number ninety (90) with five (5) refills: is not medically necessary per MTUS guidelines. Per MTUS guidelines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." Documentation submitted states that patient has been on this medication longer than the recommended 4 week period. Xanax is not considered medically necessary.

**Lunesta 3mg number sixty (60) with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition and Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2013 web-based edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress- Insomnia and Insomnia Treatment

**Decision rationale:** Lunesta 3mg number sixty (60) with 5 refills is not medically necessary. The MTUS does not specifically address insomnia/Lunesta. The ODG guidelines do not recommend Lunesta for more than 35 days of treatment. Documentation submitted reveals

patient has been taking Lunesta since at least 7/26/12. There is no evidence of improved sleep patterns on Lunesta. This medication is not medically necessary or appropriate.

**Soma 350mg number one hundred twenty (120) with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS guidelines, web-based edition and Official Disability Guidelines (ODG), Treatment in Workers Compensation, 2013 web-based edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol and Muscle relaxants (for pain) Page(s): 63, 65.

**Decision rationale:** Soma 350mg number one hundred twenty (120) with 5 refills: is not medically necessary per MTUS guidelines. Per MTUS "Carisoprodol (Soma®®, Soprodal 350mg, Vanadom®®, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." MTUS guidelines state: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. " Furthermore guidelines state, "Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity." Patient has been on Soma for longer than a 2-3 week period. There is no medical necessity to continue this medication.