

Case Number:	CM13-0069281		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2002
Decision Date:	05/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in 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 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/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 injured worker is a 56-year-old female who reported an injury on 05/01/2002. The mechanism of injury was not stated. Current diagnoses include status post left knee replacement revision, status post bilateral knee replacement, development of tibial incompetency in the bilateral lower extremities, residual plantar fasciitis in bilateral feet, history of left hip and thigh pain, and dyspepsia. The injured worker was evaluated on 11/19/2013. The injured worker reported ongoing left knee pain. Current medications include Mobic, Tylenol, and Aciphex. Physical examination revealed mild swelling in the left knee, 110 degree flexion, 5 degree extension, full range of motion of the right knee, tenderness over the plantar fascia bilaterally, and 5/5 motor strength in bilateral lower extremity muscle groups. Treatment recommendations at that time included continuation of current medications, and a prescription for Zanaflex 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOBIC 15MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Mobic (Meloxicam)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. As per the documentation submitted, the injured worker has utilized Mobic 15 mg since 04/2013. Despite ongoing use of this medication, the injured worker continues to report ongoing pain. There is no evidence of objective functional improvement. There is also no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

ZANAFLEX 2MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009, Tizanidine (Zanaflex®).

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. There is no evidence of palpable muscle spasm or spasticity upon physical examination. Therefore, the medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the current request. As such, the request is not medically necessary.