

Case Number:	CM14-0006797		
Date Assigned:	02/07/2014	Date of Injury:	09/13/2011
Decision Date:	08/06/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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:

Patient is a 61-year-old male who has submitted a claim for status post left knee amputation, and status post right total knee arthroplasty associated with an industrial injury date of 09/13/2001. Medical records from 2013 to 2014 were reviewed. Patient complained of persistent bilateral knee pain despite left knee amputation and right total knee arthroplasty. Pain was described as constant, dull, and aggravated by weightbearing activities. This resulted to difficulty in prolonged standing, walking, and climbing stairs. Patient likewise reported sleeping difficulty because of phantom pain. Popping was still present at right knee. Patient ambulated using a cane and prosthesis at left knee. Effusion was equivocal at the right with minimal swelling. Range of motion of the right knee was measured at 105 degrees of flexion. Ligaments were stable at the right. Pivotal shift and rotatory instability were negative on the right. Tenderness and minimal crepitation were noted at the right. Gross motor weakness was absent on the right. Treatment to date has included left knee amputation, revision of prosthetic socket, physical therapy, right total knee arthroplasty, aquatic therapy, and medications such as Neurontin, omeprazole, lisinopril, simvastatin, cyclobenzaprine, Norco, and temazepam. Previous utilization review from 01/02/2014 was not made available in the records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on cyclobenzaprine since April 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. The most recent physical examination failed to provide evidence of muscle spasm. Long-term use is likewise not recommended. Therefore, the request for Cyclobenzaprine 10MG #60 is not medically necessary.

NORCO 10-324 #120: Upheld

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

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since April 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Moreover, the most recent urine drug screen from 09/27/2013 showed negative opioid levels. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10-324 #120 is not medically necessary.

TEMAZEPAN 30MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 24 of California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. In this case, patient has been on temazepam since April 2013 for sleep difficulty associated with phantom pain at the left knee. However, there was no documentation concerning functional improvement derived from its use. Furthermore, temazepam is not recommended for long-term use as stated by the guidelines. The medical necessity has not been established. Therefore, the request for TEMAZEPAN 30MG is not medically necessary.