

Case Number:	CM14-0007579		
Date Assigned:	02/07/2014	Date of Injury:	08/14/2000
Decision Date:	07/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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:

The patient is a 53-year-old male who has submitted a claim for left knee severe flexion contracture, left ankle plantar flexion contracture, low back pain and possible sympathetic pain over the left knee associated from an industrial injury date of August 14, 2000. Medical records from 2013 were reviewed, the latest of which dated December 11, 2013 showing that the pain level has remained unchanged since last visit. He does not report any change in location of pain. The patient denies any other symptoms other than pain. The quality of sleep is fair. He is not trying any other therapies for pain relief. He denies any new injury since last visit. The patient is taking his medications as prescribed. He states that medications are working well. No side effects reported. He reports improvement in foot pain since last visit. On physical examination, the patient appears to be depressed, in moderate pain and frustrated. He has a left sided antalgic and awkward gait. He uses a cane. There is limitation in range of motion of the lumbar spine with flexion to approximately 75 degrees and extension to approximately 20 degrees, pain limited. There is noted tenderness over the paravertebral muscles on both sides. Lumbar facet loading is positive on both sides. Ankle jerk is 2/4 on both sides. Patellar jerk is 2/4 on the right side. Range of motion is restricted with left knee is restricted in extension and flexion secondary to pain. There is tenderness noted over the lateral joint line, medial joint line and patella. Movement of the left ankle is restricted due to equinovarus contracture. The treatment to date has included left knee replacement with femoral shortening, outpatient left knee manipulation under anesthesia and medications which include Ambien, Flexeril, Paxil, Oxycontin, Lortab, Wellbutrin and Rozerem. The utilization review from December 23, 2013 denied the request for Rozerem 8 mg because use would not fall within the recommended 2-6 week duration of use and documentation does not describe failure of behavioral interventions including sleep hygiene techniques, and

denied the request for Flexeril 10 mg because there is no documentation of significant functional or vocational benefit with use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROZEREM 8 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain Page(s): 13-14.

Decision rationale: As stated on pages 13-14 of the California MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient has been using Rozerem since January 2013; however, there was no psychological assessment included in the documents submitted. The patient has a history of long-term use of pain and sleep-promoting medications but with little improvement. Also, there was no discussion concerning the patient's sleep hygiene. Moreover, the amount to be dispensed was not specified; therefore, the request for Rozerem 8 MG is not medically necessary.

FLEXERIL 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66. Decision based on Non-MTUS Citation ODG Mental Health and Stress, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 63-66.

Decision rationale: As stated on pages 63-66 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, as stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended for a short course of therapy, with its effect greatest in the first 4 days of treatment. In this case, the patient has been using Flexeril since January 2013. However, the records do not indicate that the use of NSAIDs is contraindicated for the patient. Also, continued use of Flexeril will exceed guideline recommendation. Moreover, the amount to be dispensed was not specified; therefore, the Flexeril 10MG is not medically necessary.

