MAXIMUS Federal Services

Case Number:	CM14-0107165		
Date Assigned:	08/01/2014	Date of Injury:	05/25/2001
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 patient is a 68 year old male who sustained an industrial injury on 5/25/2001, while he was trying to hook up an oil hose to the tank when he hurt his knees. Treatment to date has included medicaions, injections, cane, surgeries, and post-operative physical therapy. The patient recently underwent left total knee replacement on 5/15/2014. The most recent orthopedic physican's report, by [redacted], dated 3/31/2014, documents the patient was seen for follow-up regarding his bilateral knees. Both knees bother him severely, but he felt the right knee was a little more troublesome than the left. He wishes to proceed with right knee, if can be authorized, or left knee surgery. The patient was seen for PM&R followup examination on 3/26/2014. He complains of bilateral knee and shoulders pain, stiffness, weakness, and generalized discomfot. He has had good, but partial response to medication. ROS is unchanged. Objective findings are 1. Reduced range of motion of the knees and shoulders bilaterally in all planes to 75% of normal with postive drop test bilaterally and tenderness in the medial aspect of both knees; 2. Reduced strength, 4/5, in the distribution of the bilateral femoral and suprascapular nerves with associated neurogenic atrophy; 3. Right hand/shoulder and hip/foot syndroms, stage II with dystrophic right hand and foot. The diagnoses are: 1. Bilateral knee internal derangements with medial meniscal tears, status post left knee arthroscopic surgical procedure, and associated femoral neuropathies; 2. Bilateral rotator cuff syndromes status post arthroscopic procedure with bilateral suprascapular neuropathies; 3. Stress microfractures of the feet secondary widely based antalgic gait; and 4. Reflex sympathetic dystrophy, right upper and right lower. Treatment plan is patient to be rechecked, UDS (urine drug screen), and medications: Lenza gel, Medrox patch, and Oxycontin 60mg #90 no refills. Work status is P&S. According to the 3/26/2014 specimen collection form; the patient's current prescribed medications are Hydrocodone - Norco, Oxycodone - Oxycontin, Edluar, Soma, Prednisone, Clonazepam, and Lidoderm patch. The patient was seen for PM&R

followup examination on 5/28/2014. He complains of bilateral knee and shoulders pain, stiffness, weakness, and generalized discomfort. He has had good, but partial response to medication. ROS is unchanged. Objective findings are 1. Reduced range of motion of the bilaterally in all planes with postive drop test bilaterally; 2. Reduced range of motion of the right knee with tenderness in the medial aspect of the right knee. He is status post surgery on the left knee and it has postoperative bandages; 3. Reduced strength in the distribution of the bilateral femoral and suprascapular nerves with associated neurogenic atrophy; 4. Right hand/shoulder and right hip/foot syndromes, stage II with dystrophic right hand and foot. The diagnoses are: 1. Bilateral knee internal derangements with medial meniscal tears, status post left knee arthroscopic surgical procedure, and associated femoral neuropathies; 2. Bilateral rotator cuff syndromes status post arthroscopic procedure with bilateral suprascapular neuropathies; 3. Stress microfractures of the feet secondary widely based antalgic gait; and 4. Reflex sympathetic dystrophy, right upper and right lower; and 5. Status post left knee replacement. Treatment plan is patient to be rechecked, medications: Edluar, Soma, Clonazepam, Norco, and refer patient to EMG/NCV of the lower limbs. An appeal is made for Soma and Clonazepam. Clonazepam is to reduce the sharp pains he has, and has had for a number of years. Soma is for muscle spasms which the patient has and has had for a number of years. Edluar is taken for sleep. Hydrocodone and Oxycodone are the patient's main line anti-pain medication. Prior utilization review dated 06/13/2014 states the request for Clonazepam 0.5 mg #90 and Carisoprodol 350 mg #90 has been modified as guidelines do not support the use of Carisoprodol or Clonazepam for any condition. A limited supply of both drugs is authorized to facilitate a weaning program: Clonazepam 0.5 mg and Carisoprodol 350 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazipines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Clonazepam.

Decision rationale: The CA MTUS states benzodiazepines are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. According Official Disability Guidelines, Klonopin (Clonazepam) is not recommended. If anxiety diagnosis were clinically established, the appropriate medication would be an anti-depressant. Furthermore, the medical records do not establish the patient has benefited with use of this medication. There is no documented subjective improvement in pain and function, or improved objective findings demonstrated on examination. Klonopin is not recommended, and ongoing use is not supported by the medical records. The medical records do not reveal a clinical rationale that establishes Klonopin is appropriate and medically necessary. Clonazepam should be discontinued, as per the guidelines. Therefore, this request is not medically necessary.

Carisoprodol 350 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Carisoprodol (SomaÂ®).

Decision rationale: According to the CA MTUS and Official Disability Guidelines, Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. There is no evidence of muscle spasms on examination. Regardless, Soma is not recommended under the guidelines. Furthermore, chronic and ongoing use of muscle relaxants is not supported by the medical literature, and is not recommended under the guidelines. The chronic use of Carisoprodol is not appropriate. Therefore, this request is not medically necessary.