

Case Number:	CM14-0011352		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2009
Decision Date:	08/15/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/28/2014

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 56-year-old female who has filed a claim for spondylolisthesis and left knee joint replacement associated with an industrial injury date of August 05, 2009. A review of progress notes indicates increased low back pain; and right knee popping, clicking, and swelling. The patient noted increased right knee pain due to a fall sustained from instability with the left knee. The patient has gradually improving left knee condition after surgery. An examination of the right knee showed restricted range of motion, mild effusion, and positive McMurray's test at the medial aspect. An examination of the left knee showed good range of motion. MRI of the lumbar spine dated September 14, 2013 showed previous laminectomy and L4-5 spondylolisthesis, and multilevel neuroforaminal narrowing. MRI of the right knee dated November 26, 2013 showed medial meniscus tear, sprain of the MCL, degenerative changes at the medial compartment, and moderate effusion. The treatment to date has included NSAIDs, Tylenol, medical foods, knee bracing, muscle relaxants, opioids, Gabapentin, topical analgesics, sedatives, antidepressants, lumbar spinal surgery in January 2010, extensive physical therapy sessions and aquatic therapy sessions, left knee arthroscopy in April 2012, and left total knee arthroplasty in February 2013. The utilization review from January 14, 2014 denied the requests for physical therapy with massage 2x3 and aquatic therapy 1x4 as there was no documentation of attempts at home exercise programs; Soma 250mg #60 and Flexeril 5mg #30 as long-term use is not recommended; Sonata 10mg #30 as there was no documentation of a particular sleep disorder; Klonopin 1mg #60 as there was no documentation of other medications used for depression; and Norco 10/325mg #90 as there was no documentation of use of NSAID or other over-the-counter anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH MASSAGE 2 TIMES 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Massage Therapy Page(s): 98-99; 60.

Decision rationale: Page 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. Page 60 of California MTUS Chronic Pain Medical Treatment Guidelines states that massage therapy is recommended as an adjunct to other recommended treatment, limited to 4 to 6 visits. There is lack of long-term benefits, and treatment dependence should be avoided. The strongest evidence for benefits is for stress and anxiety reduction. This patient has had about 38 physical therapy sessions from March to September 2013, with improvement of left knee condition and overall quality of life. At this time, the patient does not have complaints or abnormal examination findings referable to the left knee. There is no mention of the specific functional deficits to be addressed with additional physical therapy sessions. After extensive physical therapy, it is not indicated as to why the patient is not able to transition into a home exercise program. There is also no indication regarding the need for massage. Also, the body part to which these sessions are directed to is not specified. Therefore, the request for physical therapy with massage 2x3 was not medically necessary.

AQUATIC THERAPY 1 TIMES 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to page 22 of California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. This patient has had 32 physical therapy sessions from August to December 2013. At this time, the patient does not have complaints or abnormal examination findings referable to the left knee. There is no mention of the specific functional deficits to be addressed with additional aquatic therapy sessions. There is also no indication regarding intolerance to land-based physical therapy. Also, the body part to which these sessions are directed to is not specified. Therefore, the request for aquatic therapy 1x4 was not medically necessary.

SOMA 250 MG TABLET: TAKE 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) And Muscle Relaxants (For Pain), Carisoprodol (Soma, Soprodal 350, Vanadom, Generic Available) Page(s): 29, 65.

Decision rationale: Pages 29 and 65 of California MTUS Chronic Pain Medical Treatment Guidelines state that Soma is not recommended. It is not recommended for use longer than 2-3 weeks. Carisoprodol is metabolized to meprobamate an anxiolytic that is a schedule IV controlled substance. Patient has been on this medication since September 2013. There is no documentation of acute exacerbations of pain or muscle spasms to support the continued use of this medication. Also, this medication is not recommended for chronic use. Therefore, the request for Soma 250mg #60 was not medically necessary.

SONATA 10 MG CAPSULE: TAKE 1 QHS, #30: Upheld

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

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 Chapter, Insomnia Treatment.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to ODG, Zaleplon (Sonata) reduces sleep latency. It has a rapid onset of action and short half-life. Short-term use (7-10 days) is indicated, showing effectiveness for up to 5 weeks. The patient has been on this medication since at least August 2013. However, there is no indication regarding sleep issues in the recent progress notes to support this request. Also, long term use is not recommended. Therefore, the request for Sonata 10mg #30 was not medically necessary.

KLONOPIN 1 MG TABLET: TAKE 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: As noted on page 24 of the 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The patient has been on this medication since at least August 2013. There is no documentation regarding the indication for use of this medication, as the patient does not have anxiety or significant muscle spasms. Also, this medication is not recommended for chronic use. Therefore, the request for Klonopin 1mg #60 was not medically necessary.

NORCO 10-325 MG TABLET: TAKE 1 Q8H PM PAIN, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for Norco 10-325mg #90 was not medically necessary.

FLEXERIL 5 MG TABLET: TAKE 1 QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 67.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. There is no documentation of acute exacerbation of pain, or of significant muscle spasms, to support the continued use of this medication. Also, there is no indication as to why two muscle relaxants (Soma and Flexeril) are needed in this patient. The requested quantity is not specified. Therefore, the request for Flexeril 5mg was not medically necessary.