

Case Number:	CM14-0012074		
Date Assigned:	02/21/2014	Date of Injury:	06/18/2008
Decision Date:	07/28/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 49-year-old male who has filed a claim for right shoulder impingement syndrome associated with an industrial injury date of June 18, 2008. Review of progress notes indicates improvement left knee pain with instability, and right shoulder pain with inability to reach overhead. Findings include an extremely antalgic gait with use of a cane, decreased range of motion of the left knee, extensive scarring due to post-operative infections and surgeries, and diffuse tenderness of the knee. With regards to the right shoulder, findings include positive Neer's, cross over impingement test, Apley's, and Hawkins tests; and weak abduction against resistance. Treatment to date has included muscle relaxants, opioids, medical marijuana, physical therapy, right shoulder arthroscopy, and multiple left knee surgeries with total joint replacement due to multiple surgical infections. Utilization review from January 20, 2014 denied the request for quarterly labs as there were no indications regarding presence of an underlying metabolic disorder. There was modified certification for pain management consultation; Norco 5/325mg for #60 as there was no documentation of benefits derived from this medication; alprazolam 0.25mg for #24 as this medication is not recommended for chronic use; and Flexeril 10mg for #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 127 AND 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient presents with left knee pain and instability with history of multiple surgeries with infectious complications. The patient is undergoing physical therapy with some improvement. The limited progress notes do not document failure of conservative management strategies for the patient's post-operative recovery. Therefore, the request for pain management consultation and treatment was not medically necessary.

Quarterly labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The CA 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 Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. Patient has had previous lab work done in March 2013 consistent with inflammation. Patient has co-morbidities including hypertension, diabetes mellitus type 2, and pancreatitis. However, the specific laboratory tests requested were not indicated. Therefore, the request for quarterly labs was not medically necessary.

Norco 5/325 #60 with 2 refills: Upheld

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

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 CA 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. Patient has been on this medication since at least April 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Therefore, the request for Norco 5/325mg #60 with 2 refills was not medically necessary.

Alprazolam 0.25 mg #30 with 2 refills: Upheld

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

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

Decision rationale: As noted on page 24 of the CA 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. Patient has been on this medication since December 2013. However, the indication for use of this medication is unclear. Also, this medication is limited for a short-term course only, and additional refills are not indicated. Therefore, the request for alprazolam 0.25mg #30 with 2 refills was not medically necessary.

Flexeril 10 mg #60 with 2 refills: Upheld

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

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

Decision rationale: CA 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. Patient has been on this medication since December 2013. There is no documentation of significant muscle spasms to support the continued use of this medication. Also, this medication is only recommended for a short-course therapy, and additional refills are not indicated. Therefore, the request for Flexeril 10mg #60 with 2 refills was not medically necessary.