

Case Number:	CM14-0112480		
Date Assigned:	08/01/2014	Date of Injury:	09/13/2001
Decision Date:	09/09/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 61-year-old individual was reportedly injured on September 13, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 7, 2014, indicated that there were ongoing complaints of chronic knee pain. The physical examination demonstrated a 5'6", 175 pound individual who is normotensive. The injured employee was noted to be uncomfortable, had difficulty walking, and required a cane for ambulation. The right knee demonstrated normal range of motion. No instability was noted. Diagnostic imaging studies (triple phase bone scan) objectified no acute pathology. Previous treatment included injection therapies, physical therapy, multiple medications and other conservative interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 17, 2014.

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 Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41,64 of 127.

Decision rationale: As outlined in the MTUS, this medication is limited for the short-term treatment of acute phase of a musculoskeletal condition. Given the date of injury, the multiple complications, and the physical examination offered, there is no indication of the medical necessity of this muscle relaxant. Therefore, based on the data presented, this medication is not medically necessary.

Diazepam 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41,64 of 127.

Decision rationale: As outlined in the MTUS, this medication is limited for the short-term treatment of acute phase of a musculoskeletal condition. Given the date of injury, the multiple complications, and the physical examination offered, there is no indication of the medical necessity of this muscle relaxant. Therefore, based on the data presented, this medication is not medically necessary.

Inderal 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011873/Preport-details>.

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:drugs.com.

Decision rationale: This medication is designed to treat heart disease and hypertension. The medical records, reviewed, do not indicate that other maladies exist. As such, there is incomplete information presented to support this request.

Neurontin 600mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20,49 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the current treatment, the findings noted on the physical examination, there is no indication of a painful diabetic neuropathy or postherpetic neuralgia. Furthermore, there is objectification of a neuropathic pain

lesion that would be amenable to this medication in an "off-label" application. As such, based on the limited progress notes presented, the medical necessity is not established.

Norco 10/325 #120: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78,88,91 of 127.

Decision rationale: As outlined in the MTUS, this medication is for the short-term relief of moderate to severe breakthrough pain. Based on the progress notes reviewed, the pain complaints are unchanged. As such, there is no noted efficacy or utility with use of this medication. Furthermore, there is no notation of any increased functionality, return to work or any other parameter by which success of this medication can be judged. Therefore, the clinical rationale presented for review and by the parameters noted in the MTUS, this is not medically necessary.

Temazepam 30mg #30: 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 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: As outlined in the MTUS, benzodiazepines are not recommended for long-term use because there are unproven and there is a significant risk of dependence. When noting the findings on physical examination, and by the parameters identified in the MTUS, there is no clinical indication for a chronic deployment of this medication. As such, this is not medically necessary.

Xanax 0.5mg #60: 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 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127.

Decision rationale: As outlined in the MTUS, benzodiazepines are not recommended for long-term use because there are unproven and there is a significant risk of dependence. When noting the findings on the physical examination, and by the parameters identified in the MTUS, there is no clinical indication for a chronic deployment of this medication. As such, this is not medically necessary.

