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| Case Number: | CM14-0114960 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 10/14/2009 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 06/23/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 60-year-old female was reportedly injured on October 14, 2009. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of right knee pain, low back pain radiating to the right lower extremity, anxiety, and insomnia. The physical examination demonstrated a slightly depressed affect. There was swelling and tenderness of the right knee as well as crepitus with range of motion. Motion was measured from 0 to 100. Examination of the lumbar spine noted tenderness of the paravertebral muscles on the left more than the right side. There was also tenderness of the sacroiliac joint. There was a positive right-sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right knee arthroscopy to include a synovectomy, chondroplasty, and plica excision. There is also a history of Synvisc injections for the right knee. A request had been made for Norco and Flexeril and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Flexeril 10mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , 9792.20 - 9792.26, MTUS (Effective July 18, 2009), Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Zanaflex is not medically necessary.

Klonopin 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 24.

Decision rationale: Klonopin is a benzodiazepine indicated for the treatment of anxiety and panic disorders. This medication is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Additionally the request for this medication does not state the number of tablets or refills requested. For these reasons, this request for Klonopin is not medically necessary.