

Case Number:	CM14-0118262		
Date Assigned:	08/06/2014	Date of Injury:	04/23/1999
Decision Date:	09/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 53 year old male who had a work related injury on 04/23/99. He went to lift a solid wood door and a stack of doors fell on top of him. Most recent clinical documentation submitted for review was dated 06/25/14. The injured worker had bilateral knee magnetic resonance images which revealed degenerative joint disease. Apparently he had bilateral knee arthroscopic surgery. The injured worker subsequently developed restless leg syndrome and was placed on Requip which almost resolved his restless leg syndrome. The injured worker had two arthroscopic surgeries on his right shoulder and one open procedure to his left shoulder. After the shoulder surgery, the injured worker was started on oxycontin and Norco for pain control and eventually was also put on valium for anxiety symptoms. The injured worker did well with his medications, massage therapy, chiropractic treatment and gym membership until 2009 when massage, chiropractor and gym membership were designed denied. The injured workers' right shoulder pain was constant and sharp and occurred with some numbness and paresthesia in the right upper extremity. The right shoulder pain radiated down the right upper extremity with limited range of motion. Without medication the pain was about 7-8/10. With medication, pain was down to 4/10 and barely tolerable. Neck pain was constant sharp pain also burning in character. Without medication pain was 7-8/10, with medication pain was tolerable at 3-4/10. The injured workers' low back pain occurred at the middle of his low back, sharp pain that was about 5-10/10 without medication and 2-3/10 and tolerable with medication. Bilateral knee pains were constant, sharp and achy in character. Without medication pain was 8-10 in severity and with medication 4-10 in severity. Physical examination gait was slow and guarded due to pain. Sensation testing revealed slight decreased light touch sensation in the right lower extremity. Upper extremities and lower extremities range of motion were within functional limits except for right shoulder which showed abduction and flexion of only 90 degrees. His upper extremities

reflexes were 1/4 at the right biceps and brachioradialis and 2/4 at the right triceps, 2/4 at the left triceps, biceps, and brachioradialis. Lower extremities reflexes were 2/4 at the knees and 1/4 at the ankles on the right and left. Neck range of motion revealed forward flexion of 30 degrees, extension of 20 degrees, bilateral side tilting 20 degrees. Back range of motion revealed forward flexion 90 degrees, extension 20 degrees, bilateral side tilting 20 degrees. Left upper extremity and left lower extremity strength was 5/5 throughout. Right upper extremity strength was 4/5 throughout. Right lower extremity strength was 5/5 at the hip and ankle and 4/5 at the knee. On palpatory exam, there was tenderness to palpation over the lateral deltoid on the right and tenderness to palpation in the medial myofascial tissues of the lumbosacral and cervical spine. He had some medial winging of the right scapula. He also had tenderness to palpation over the lateral aspect of both knees. Diagnosis status post traumatic injury causing loss of consciousness and therefore mild traumatic brain injury which appeared to have resolved. Bilateral shoulder and knee post-traumatic arthritis. Cervical and lumbar degenerative joint disease. Prior utilization review on 07/17/14 prescription for valium was modified to prescription for to initiate weaning. Methadone, Lyrica and Requip were non-certified. There was no clinical documentation of functional benefit from these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain chapter, Methadone Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Therefore medical necessity has not been established.

Valium: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: 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.

Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. As such the request for this medication is not medically necessary.

Lyrica 150mg #90 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 Pregabalin (Lyrica) Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the patient has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. As such, the request for Lyrica is not medically necessary.

ReQuip 4 mg #30 with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Restless legs syndrome (RLS).

Decision rationale: The request for ReQuip 4 mg #30 with two refills is medically necessary. The clinical documentation submitted for review support the request. He subsequently developed restless leg syndrome and was placed on Requip which almost resolved his restless leg syndrome. As such, medical necessity has been established.