

Case Number:	CM14-0169369		
Date Assigned:	10/17/2014	Date of Injury:	01/12/2003
Decision Date:	12/09/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 41 year old female with an injury date on 01/12/2003. Based on the 09/18/2014 progress report provided by [REDACTED] the diagnoses are: 1. History of multiple wash-out procedures in the left knee with MRSA Staph infection with skin grafts placed. Donor site taken from left lateral thigh. She has persisting atrophy in the lower extremity. She has had a total knee replacement with ongoing instability and chronic knee pain. 2. Nonindustrial status post total hysterectomy of history of cervical cancer with possible metastatic lesion to her lungs. According to this report, the patient complains of left knee pain with severe muscle cramps. Pain is rated at a 9/10, at best a 4/10 with her medications, 10/10 without them. Exam of the left lower extremity reveals multiple scars at the anterior aspect of her knee from prior knee surgeries. Significant disuse atrophy is noted at the left thigh and calf by comparison to the right counterpart. There is excessive laxity in all planes with stress testing of the knee, particularly with varus, valgus and anterior drawer sign. There were no other significant findings noted on this report. The utilization review denied the request on 10/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/28/2014 to 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60: Upheld

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

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

Decision rationale: According to the 09/18/2014 report by [REDACTED] this patient presents with left knee pain with severe muscle cramps. The treater is requesting Valium 10mg #60. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Valium since 04/28/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication and recommendation is for denial.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications, non-steroidal anti-inflammatory drugs, page 60, 61, 22, 67, 68.

Decision rationale: According to the 09/18/2014 report by [REDACTED] this patient presents with left knee pain with severe muscle cramps. The treater is requesting Ibuprofen 800mg #90. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of reports show the patient has been prescribed Ibuprofen since 04/28/14 and it is unknown exactly when the patient initially started taking this medication. The treater indicates that the patient has "50% reduction in her pain and 50% functional improvement with activities of daily living with the medications." The request Ibuprofen appears reasonable and consistent with MTUS guidelines. Recommendation is for authorization.