

Case Number:	CM14-0170345		
Date Assigned:	10/20/2014	Date of Injury:	02/21/2011
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/15/2014

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, 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 59-year-old female with date of injury of 02/21/2011. The listed diagnoses per [REDACTED] from 09/12/2014 are: 1. Pain in the joint of the lower leg and bilateral knees. 2. Spondylosis, lumbosacral. 3. Stenosis, spinal, lumbar. According to this report, the patient complains of bilateral knee and low back pain. The lumbar MRI from 09/27/2012 showed mild to moderate lumbar degenerative changes and mild to moderate spinal canal stenosis at L4-L5 with potential for compromise of traversing L5 nerve root. She also had a left knee MRI on 09/27/2014 that showed complex degenerative tear of the anterior horn of the lateral meniscus and adjacent small partial thickness tear of the anterior root ligament. The patient has utilized physical therapy and medication management. She continues to have pain in both knees, left side greater than the right. The patient is now considering surgery because her left knee pain is getting worse. She also complains of low back pain with radiation into the left lower extremity to the foot. The examination shows the patient is alert and oriented. Her gait is antalgic, normal muscle tone without atrophy in the bilateral upper and lower extremities. No swelling observed in any extremities, tenderness to palpation over the medial joint line in the left knee. No edema or erythema noted. Injured worker also had positive crepitus with flexion and extension on the left knee. The utilization review denied the request on 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg 1 tablet at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 24, 41, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with bilateral knee and low back pain. The provider is requesting Cyclobenzaprine 10 mg 1 tablet at bedtime, #30. The MTUS Guidelines page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Cyclobenzaprine on 08/08/2014. In this case, the long-term use of Cyclobenzaprine is not supported by the MTUS Guidelines. Therefore, the requested medication is not medically necessary and appropriate.

Cyclobenzaprine 10mg 1 tablet at bedtime #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 24, 41, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: This patient presents with bilateral knee and low back pain. The provider is requesting Cyclobenzaprine 10 mg 1 tablet at bedtime, #15. The MTUS Guidelines page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The patient was prescribed Cyclobenzaprine on 08/08/2014. In this case, the long-term use of Cyclobenzaprine is not supported by the MTUS Guidelines. Therefore, the requested medication is not medically necessary and appropriate.

Norco 10-325mg 1 tablet 3 times per day #90: 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 Criteria for use of Opioids; On-Going Management Page(s): 88-89; 78.

Decision rationale: This patient presents with bilateral knee and low back pain. The provider is requesting Norco. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for

use of opioids states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also require documentations of the 4As including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco in 2012. The 05/09/2014 report notes that the patient's Norco prescription was changed to Tylenol with Codeine. The 08/08/2014 report notes, "She continues with use of the Norco for pain relief with 30% decrease in pain." It appears that the provider continued to prescribe Norco while prescribing Tylenol with codeine. While the provider notes 30% decrease in pain from Norco use, the provider does not provide pain scales, no specifics regarding activities of daily living (ADLs), no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as a urine drug screen. Therefore, the requested medication is not medically necessary and appropriate.

Valium 10mg 1 to 2 tablets twice daily for spasms #30 refill 0: 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 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with bilateral knee and low back pain. The provider is requesting Valium 10 mg #30. The MTUS Guidelines page 24 on benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks." The records show that the patient has been prescribed Valium since 2012. The 05/09/2014 report notes, "In regard to the Valium long term, I did tell the patient that there is no indication for the use of this medication from a pain management perspective, and we would need to slowly taper down on this medication." Despite this statement from the provider, it appears that Valium was prescribed continuously. In this case, MTUS does not support the long-term use of this medication. Therefore, the requested medication is not medically necessary and appropriate.

Norco 10/325mg 1 tablet 3 times per day #45: 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 Criteria for use of Opioids; On-Going Management Page(s): 88-89; 78.

Decision rationale: This patient presents with bilateral knee and low back pain. The provider is requesting Norco. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for

use of opioids states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also require documentations of the 4As including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco in 2012. The 05/09/2014 report notes that the patient's Norco prescription was changed to Tylenol with Codeine. The 08/08/2014 report notes, "She continues with use of the Norco for pain relief with 30% decrease in pain." It appears that the provider continued to prescribe Norco while prescribing Tylenol with Codeine. While the provider notes 30% decrease in pain from Norco use, the provider does not provide pain scales, no specifics regarding activities of daily living (ADLs), no significant improvement, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as a urine drug screen. Therefore, the requested medication is not medically necessary and appropriate.

Valium 10mg 1-2 tablet twice daily for spasm #30 refill 1: 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 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with bilateral knee and low back pain. The provider is requesting Valium 10 mg #30. The MTUS Guidelines page 24 on benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks." The records show that the patient has been prescribed Valium since 2012. The 05/09/2014 report notes, "In regard to the Valium long term, I did tell the patient that there is no indication for the use of this medication from a pain management perspective, and we would need to slowly taper down on this medication." Despite this statement from the provider, it appears that Valium was prescribed continuously. In this case, MTUS limits its use to 4 weeks. Therefore, the requested medication is not medically necessary and appropriate.