

Case Number:	CM14-0022882		
Date Assigned:	06/11/2014	Date of Injury:	10/28/1998
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 64 year old female who was injured on 10/28/1998. The mechanism of injury is unknown. Prior treatment history has included cortisone injection with temporary relief of symptoms, home electrical stimulation; and medication history included Anaprox 550 mg, Norco 10/325 mg, and Skelaxin 800 mg. The patient underwent a left knee replacement on 03/21/2011; and she is status post right knee arthroscopy in 08/2009. Diagnostic studies reviewed include X-ray of the right knee on 07/08/2013 revealed tricompartmental osteoarthritis, severe (bone on bone), medial compartment, moderate patellofemoral compartment and slight lateral compartment. RFA dated 01/18/2013 states Anaprox 550 mg #60 and Skelaxin 800 mg was requested. Progress report dated 10/15/2013 documented the patient to complain of severe right knee pain. She has crepitus on exam with tenderness noted. She was diagnosed with severe degenerative joint disease of the right knee and status post left total knee replacement. Progress report dated 09/18/2013 reported the patient's symptoms of the right knee are unchanged but complained of bilateral shoulder pain. On exam, she had positive crepitus and negative laxity. She has tenderness both medially and laterally. Her bilateral shoulders revealed tenderness with positive impingement. The patient was diagnosed with a left ankle sprain secondary to an altered gait. Primary treating physician's progress report dated 07/08/2013 indicated the patient continued to experience flare-ups of bilateral shoulder, bilateral knee, and bilateral ankle pain with activities of daily living. She reported she has flare-ups with weight-bearing activities. On examination, there is a well-healed midline anterior scar over the left knee consistent with total knee replacement. There was no evidence of swelling or deformity. Her range of motion is decreased bilaterally revealing flexion to 98 degrees on the right and to 108 degrees on the left; and extension is to 0 degrees bilaterally. Neurological exam revealed no evidence of gross deficits of the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: As per CA MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain from osteoarthritis. The patient is a 64 year female with chronic bilateral knee, shoulder, and ankle pain due to degenerative change. The patient has been prescribed Anaprox on a long-term, scheduled basis. However, medical records fail to document any clinically significant functional improvement or pain reduction due to use of Anaprox. Medical necessity is not established.

SKELAXIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin), Metaxalone (Skelaxin, generic available) Page(s): 61, 65.

Decision rationale: CA MTUS guidelines recommend muscle relaxants as a second-line option for short-term treatment of acute exacerbations. Long-term use is generally not recommended as efficacy appears to diminish over time and dependence is of concern. The patient is a 64 year female with chronic bilateral knee, shoulder, and ankle pain due to degenerative change. The patient has been prescribed Skelaxin on a chronic basis. However, medical records fail to document any clinically significant functional improvement or pain reduction due to use of Anaprox. Medical necessity is not established.