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| Case Number: | CM14-0034268 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/13/2001 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/19/2014 |

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 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 60-year-old male who was injured on 09/13/2001. The patient underwent left total knee replacement in 06/2001, and arthroplasty of the left knee with removal of hardware in 12/2001. The patient's medications as of 01/23/2014 include cyclobenzaprine 10mg, diazepam 5mg, Inderal 20mg, Neurontin 600mg, omeprazole 20mg, simvastatin 80mg, temazepam 30mg, and Xanax 0.5mg. The progress report dated 02/21/2014 indicates the patient complains of chronic knee pain. He reports decreased range of motion, joint pain with movement and stiffness. His pain is aggravated with any movement. He rated the severity of his pain a 10/10 and 4/10 at best. On exam, he has difficulty walking, sitting and standing. He ambulates with a cane in the right hand. Right knee range of motion reveals normal flexion with pain, increased internal rotation with pain, increased external rotation with pain. Valgus stress test reveals grade II injury. Varus stress test reveals grade II injury on the right. Passive patellar grind test is abnormal on the right. McMurray's test is positive for lateral joint line pain on the right. He does not have a left knee prosthetic. There is some laxity to anterior and posterior drawer testing of his right knee. There is some point tenderness along the anteromedial and anterolateral aspects and crepitus to range of motion testing. Assessment is medial and lateral meniscal tear and chondromalacia of the medial patellofemoral compartment, right knee; status post left knee amputation on 05/04/2010, phantom limb pain post above-the-knee amputation (AKA) for chronic infections, right knee instability due to laxity and apparent meniscal tear. The treatment plan included physical therapy, a request for psychiatric care, and a request for cyclobenzaprine HCL 10mg, diazepam 5mg, Inderal 20mg, Neurontin 600mg, temazepam 30mg, Xanax 0.5mg. Prior utilization review dated 03/03/2014 states the request for Cyclobenzaprine 10mg #60 is not certified as there is no significant functional benefit documented from this medication; Inderal 20mg #30 3 refills is not certified as this medication is used to treat migraine headaches

and heart/circulatory conditions and neither of these is the patient is documented to have; Diazepam 5mg #60 is not authorized as there evidence based guideline criteria has not been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: According to CA MTUS, Cyclobenzaprine (Flexeril) is recommended as an option for muscle spasm, using a short course of therapy. This medication is not recommended to be used for longer than two to three weeks. The addition of cyclobenzaprine to other agents is not recommended. The MTUS guidelines state antispasmodics are used to decrease muscle spasms. In this case, the medical records do not document the presence of muscle spasm on current examination, and do not establish the patient presents with an acute exacerbation unresponsive to first-line interventions. Furthermore, the patient has been prescribed Cyclobenzaprine at least since 01/23/2014. The chronic use of muscle relaxants is not recommended by the MTUS guidelines. Consequently, the request for Cyclobenzaprine 10mg #60 is not medically necessary.

Inderal 20mg #30 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Inderal, <http://www.drugs.com/inderal.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational), Hypertension medication.

Decision rationale: According to the Official Disability Guidelines (ODG), Inderal is a beta blocker that is first line treatment for hypertension. It can sometimes be used for migraine. For this patient, it is probably used off-label for phantom limb pain, but there is no guideline for this indication. First line analgesic adjuvant for neuropathic pain, such as gabapentin, Duloxetine, or nortriptyline should be trialed first. The patient is already on gabapentin, but Duloxetine or nortriptyline can also be tried. As such, the medical necessity of Inderal is not established.

Diazepam 5mg #60: Upheld

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

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

Decision rationale: The MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the 02/21/2014 progress note does not document subjective or objective findings of diagnoses that are indicated for this medication. In addition, the medical record showed patient was already prescribed Diazepam on 01/23/2014. Prolonged use is not indicated according to the MTUS guidelines. Given these reasons, the medical necessity is not established. Weaning is recommended to avoid withdrawals. The request for Diazepam 5mg #60 is not certified.