MAXIMUS Federal Services

Case Number:	CM14-0041142		
Date Assigned:	06/30/2014	Date of Injury:	02/02/2005
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/08/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in New York & 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 46 year old male who sustained an injury on 02/02/05 when a tree section struck the injured worker in the chest twisting his body. No significant treatment was reported at the time of the injury. The injured worker had been initially followed for complaints of pain in the right knee. The injured worker was found to have had an ACL tear with associated chondromalacia. The injured worker had also been followed for complaints of low back pain. Prior conservative treatment had included some physical therapy. The injured worker did utilize a brace for the right knee but eventually did undergo augmentation of the ACL. The injured worker is noted to have had an extensive course of medications to include multiple narcotic medications such as Duragesic and Norco. The injured worker also utilized muscle relaxers and Xanax. Antidepressants to include Lexapro and Zoloft had also been prescribed. It does appear that the injured worker had received facet injections as well as epidural steroid injections. There was also a concurrent development of depression and anxiety for which the injured worker was being seen by a psychologist. The clinical report from 02/06/14 noted stable pain at the bilateral knees. The injured worker did feel that current medications were providing good relief in terms of his pain. The injured worker was continuing to see both a psychologist and a psychiatrist. With medications, the injured worker's pain scores were 5-6/10 on the visual analog scale (VAS). Without medications, the injured worker's pain was as high as 7-8/10. The injured worker denied any side effects with medications. At this evaluation, current medications included Oxycontin 30mg taken twice daily, Clonazepam 2mg taken twice daily, Deplin 15mg daily, Prozac 20mg daily, Tizanidine 2mg twice daily, Zyprexa 5mg daily, and Abilify 5mg daily. On physical examination, the injured worker demonstrated some loss of cervical range of motion. Spurling's signs were negative. There was tenderness to palpation in the cervical and lumbar spine. Lumbar range of motion was also restricted and there was tenderness to palpation

noted at the right knee. McMurray's signs were negative. Tenderness was also noted in the lateral joint line of the left knee. The injured worker was felt to have stable narcotics usage. It is noted that the injured worker was being prescribed Prilosec 20mg twice daily as well as Colace. Follow up on 03/11/14 noted no change in the injured worker's pain scores. The injured worker's symptoms remained essentially unchanged. Physical examination findings also remained unchanged. The injured worker had been encouraged to continue with an exercise program developed by his physical therapist. Follow up on 04/08/14 discussed the injured worker's continuing psychological symptoms. The injured worker did admit to smoking marijuana during the day. It is noted that Flexeril was not a part of the injured worker's medication regimen. It appears that this was prescribed on 04/08/14. The injured worker's physical examination findings remained essentially unchanged. The injured worker did endorse some suicidal ideation. The injured worker was recommended to follow up with his psychologist and psychiatrist at this evaluation. There was discussion regarding a reduction of narcotic medications as well as a reduction of Flexeril. The requested Flexeril, quantity 60, a TENS unit rental, and Prilosec 20mg, quantity 60 were all denied by utilization review on 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Flexeril quantity 60, this reivewer would not have recommended this medication as medically necessary based on the clincial documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Furthermore, the request is not specific in regards to dose, frequency, or duration. Therefore, this reviewer would not have recommended ongoing use of this medication at this time.

TENS unit rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: In regards to the request for a TENS unit rental, the clinical documentation submitted for review would not support the requested for this durable medical equipment. The use of a transcutaneous electrical nerve stimulation (TENS) unit can be considered an option in the treatment of musculoskeletal conditions as an adjunct to a formal plan of physical therapy or rehabilitation. In review of the clinical documentation submitted, the injured worker was continuing to utilize a home exercise program; however, there were no indications that the injured worker was attending any formal physical therapy or other type of rehabilitation. There were no specific expectations noted from the use of a TENS unit rental and it is unclear at this point in time how a TENS unit rental would result in any significant functional improvement for the injured worker's current complaints stemming from an injury more than 10 years old. As such, this reviewer would not have recommended this request as medically necessary.

Prilosec 20MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the use of Prilosec 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clincial documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.