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| Case Number: | CM14-0049773 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 09/13/2001 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/17/2014 |

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:

This is a 61-year-old male with a 9/13/01 date of injury. According to the most recent progress report submitted for review, dated 3/20/14, the patient presented with knee pain associated with aching, decreased range of motion, joint pain, and pain with movement and stiffness. He rated his pain as a 4/10 post knee replacement. Objective findings: limited right knee range of motion with pain, passive patellar grind test is abnormal on right, prosthetic in place, point tenderness along anteromedial and anterolateral aspects of right knee and crepitus to range of motion testing. Diagnostic impression: phantom limb pain post above-the-knee amputation on 5/4/10, PTSD with reactive depression and anxiety, left and right shoulder pain, right knee instability due to laxity and meniscal tear. Treatment to date: medication management, activity modification, multiple surgeries, physical therapy. A UR decision dated 3/31/14 denied the requests for cyclobenzaprine, diazepam, Inderal, temazepam, and Xanax. The request for Norco 10/325mg was modified to 120 tablets with no refills for weaning purposes. Regarding cyclobenzaprine, there is no significant functional benefit noted with the use of muscle relaxants and no description of spasm on examination. Also, there is no indication this patient is currently experiencing an acute flare-up of symptoms. Regarding diazepam, temazepam, and Xanax, these are being prescribed on a long-term basis, which is not supported by evidence-based guideline criteria. It is also noted the patient is being prescribed 3 different benzodiazepines without rationale as to why this would be required. Regarding Inderal, this is indicated for the treatment of hypertension and migraine headache. Documentation does not describe any of the conditions that would support the use of this medication. Regarding Norco, subjective and objective benefit is not described in the records provided. UDS with date and results are not reported.

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 Cyclobenzaprine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been taking cyclobenzaprine since at least 11/20/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 10mg #60 is not medically necessary.

Diazepam 5mg #60: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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 4 weeks. However, according to the medical records provided for review, this patient has been taking diazepam since at least 11/20/13, if not earlier. In addition, it is noted that the patient is also taking 2 other benzodiazepine medications, temazepam and Xanax. Guidelines do not support the concurrent use of multiple benzodiazepines and do not support long-term use. Therefore, the request for Diazepam 5mg #60 is not medically necessary.

Inderal 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Inderal).

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Inderal (propranolol) is a beta-blocker indicated to treat tremors, angina, hypertension, heart rhythm disorders, and other heart or circulatory conditions. It is also used to treat or prevent heart attack and to reduce the severity and frequency of migraine headaches. However, in the present case, there is no documentation that this patient has a diagnosis of hypertension or any other cardiovascular condition. A specific rationale as to why this medication has been prescribed for him was not provided. Therefore, the request for Inderal 20mg #30 is not medically necessary.

Norco 10/325mg #120 2 month Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2001 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325mg #120 2 month Supply is not medically necessary.

Temazepam 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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 4 weeks. However, according to the medical records provided for review, this patient has been taking temazepam since at least 11/20/13, if not earlier. In addition, it is noted that the patient is also taking 2 other benzodiazepine medications, Xanax and diazepam. Guidelines do not support the concurrent use

of multiple benzodiazepines and do not support long-term use. Therefore, the request for Temazepam 30mg #30 is not medically necessary.

Xanax 0.5 #60: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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 4 weeks. However, according to the medical records provided for review, this patient has been taking Xanax since at least 11/20/13, if not earlier. In addition, it is noted that the patient is also taking 2 other benzodiazepine medications, temazepam and diazepam. Guidelines do not support the concurrent use of multiple benzodiazepines and do not support long-term use. Therefore, the request for Xanax 0.5 #60 is not medically necessary.