

Case Number:	CM14-0054815		
Date Assigned:	08/06/2014	Date of Injury:	06/24/2002
Decision Date:	09/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 & 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 injured worker is a 54-year-old female who reported an injury on 06/24/2002. The mechanism of injury was not stated. The current diagnoses are deterioration of the cartilage of the left knee due to inflammation and pain. The injured worker was evaluated on 07/10/2014 with complaints of swelling and pain in the left knee and difficulty ambulating. Previous conservative treatment is noted to include medication and injections. The injured worker is also noted to have undergone 3 separate left knee surgeries and a lumbar spine surgery in 2012. The injured worker's physical examination revealed tenderness and limited range of motion with a limping gait due to left knee pain and swelling. Treatment recommendations included a referral to an orthopedic surgeon and a refill of the current medication regimen. A Request for Authorization form was submitted on 03/20/2014 for Zanaflex 2 mg, Lidoderm patch 5%, glucosamine and chondroitin sulfate, and Pristiq 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term of acute exacerbations. The injured worker has continuously utilized this medication since 02/2012. There is no documentation of palpable muscle spasm or spasticity upon physical examination. Therefore, the medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Ibuprofen 800mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), P Page(s): , Page 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication since 02/2012 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Lidoderm 5% patches:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a first line treatment with antidepressants and anticonvulsants. As per the documentation submitted, there is no evidence of a failure to respond to first line treatment. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Zanaflex 2mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term of acute exacerbations. The injured worker has continuously utilized this medication since 02/2012. There is no documentation of palpable muscle spasm or spasticity upon physical examination. Therefore, the medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

Lidoderm patch 5% #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a first line treatment with antidepressants and anticonvulsants. As per the documentation submitted, there is no evidence of a failure to respond to first line treatment. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Pristiq 50 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors), Page 105. Page(s): 105.

Decision rationale: California MTUS Guidelines recommend SNRIs as an option in first line treatment of neuropathic pain if tricyclics are ineffective, poorly tolerated, or contraindicated. There is no documentation of a failure to respond to tricyclic antidepressants prior to the initiation of an SNRI. There is no documentation of neuropathic pain upon physical examination. The medical necessity for the ongoing use of the current medication has not been established. As such, the request is not medically necessary.

Glucosamine and chondroitin Sulfate #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Page(s): 50.

Decision rationale: California MTUS Guidelines recommend glucosamine and chondroitin sulfate as an option in injured workers with moderate arthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. There is also no documentation of objective functional improvement despite the ongoing use of this medication since 02/2012. As such, the request is not medically necessary.