MAXIMUS Federal Services

Case Number:	CM14-0073796		
Date Assigned:	07/16/2014	Date of Injury:	05/25/2001
Decision Date:	09/03/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Illinois. 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 60-year-old male who reported an injury on 05/25/2001, reportedly occurred while he was hooking up an oil hose to a tank and while trying to stretch the hose he hurt his knees. The injured worker's treatment history included physical therapy, corticosteroid injections, total left knee arthroplasty and medications. The injured worker was evaluated 07/23/2014 and it was documented the injured worker complained of bilateral knees and shoulders sharp, stabbing pain, stiffness with weakness and generalized discomfort. Objective findings revealed reduced range of motion of the right knee and shoulders bilaterally in all planes, normal with positive drop test and with tenderness in the medial aspect of the right knee. The injured worker was status post-surgery on the left knee. Reduced strength in the distribution of the bilateral femoral and the bilateral suprascapular nerves with associated neurogenic atrophy bilaterally. Right hand/shoulder and right hip/foot syndromes, stage 2, with dystrophic right hand and right foot areas. Diagnoses included bilateral knee internal derangements with medial meniscal tears, status post left knee arthroscopic procedures and left knee replacement surgery. The injured worker has associated femoral neuropathies. Bilateral rotator cuff syndrome status post arthroscopic procedures with bilateral suprascapular neuropathies, stress micro fractures of the feet bilaterally with secondary wide based antalgic gait affecting both knees, reflex sympathetic dystrophy right upper and lower. Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Furthermore, there was lack of documentation on the injured worker using the visual analog scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. In addition, the guidelines do not recommend Carisprodol to be used for long term use. Given the above, the request for Carisprodol 350mg # 120 is not medically necessary and appropriate.

Clonazepam 1mg #60: Upheld

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

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Furthermore, there was lack of documentation on the injured worker using the visual analog scale to measure functional improvement after the injured worker takes the medication. The request lacked frequency and duration of medication. As such, the request for Clonazepam is not medically necessary and appropriate.

Edluar sub: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Pain (Chronic), Zolpidem (AmbienÂ®).

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Edluar In addition, the request did not include the frequency, quantity dosage, or duration for the medication for the injured worker. The guidelines do not recommend Edluar for long-term use. Therefore, the continued use of Edluar is not supported. As such the request is not medically necessary and appropriate.

Hydrocone/apap 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for the on-going management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was no urine drug screen indicating Opioids compliance. The provider failed to indicate long-term functional goals. In addition, the request did not indicate a frequency of medication. Therefore, the request is not medically necessary and appropriate.

Oxycontin 40mg CR #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for the on-going management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was no urine drug screen indicating Opioids compliance. The provider failed to indicate long-term functional goals. In addition, the request did not indicate a frequency of medication. Therefore, the request is not medically necessary and appropriate.