MAXIMUS Federal Services

Case Number:	CM14-0199270		
Date Assigned:	12/09/2014	Date of Injury:	11/05/1991
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice, 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 57 year old female patient who sustained a work related injury on 11/5/91. The exact mechanism of injury was not specified in the records provided. The current diagnoses include lumbosacral spondylosis without myelopathy- thoracic or lumbosacral neuritis or radiculitis, reflex sympathetic dystrophy of the lower limb and internal derangement of knee. Per the doctor's note dated 10/20/14, patient has complaints of left knee pain at 9/10. Physical examination revealed positive medial joint line and lateral joint line tenderness range of motion from 0 degrees of extension to 90 degrees of flexion. Physical examination on 9/22/14 revealed knee pain at 9-10/10, antalgic gait, used a cane for ambulation, and tenderness on palpation. Per the note dated 7/21/14 she had chronic low back pain, and left knee pain with cramping, weakness and numbness in leg. The current medication lists include Prilosec, Sentra, Cymbalta, Baclofen, Gralise, Lorazepam, Trazodone, pantoprazole and Methadone. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes knee replacement. Any operative/ or procedure note was not specified in the records provided. She has had a urine drug toxicology report on 8/21/14 that was positive for methadone. The patient has received an unspecified number of the PT visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Gralise 600mg tab, 1 tab every bedtime as needed, #28: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Spinal cord injury: Recommended as a trial for chronic neuropathic pain. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid." The current diagnoses include lumbosacral spondylosis without myelopathy- thoracic or lumbosacral neuritis or radiculitis, reflex sympathetic dystrophy of the lower limb and internal derangement of knee Per the doctor's note dated 10/20/14, patient has complaints of left knee pain at 9/10 Physical examination on 9/22/14 revealed knee pain at 9-10/10, antalgic gait, used a cane for ambulation, and tenderness on palpation Per the note dated 7/21/14 she had chronic low back pain, and left knee pain with cramping, weakness and numbness in leg. The patient's surgical history includes knee replacement. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptic's like gabapentin / Neurontin are medically appropriate and necessary in this patients. The cited guidelines support the use of retrospective: Gralise 600mg tab, 1 tab every bedtime as needed, #28 in patients with this clinical situation therefore the request is deemed medically necessary.

Retrospective: Lorazepam 1mg tab, 1 tab daily as needed, #28: 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: Lorazepam is a benzodiazepine. According to MTUS guidelines 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 4 weeks. Their range of actions 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 trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The request for Lorazepam 1mg tab, 1 tab daily as needed, #28 is not medically necessary.

Retrospective Baclofen 10mg tab, 1 tab three times a day as needed, #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS- Baclofen; Muscle relaxants (for pain) Baclofen (Lioresal, generic availa.

Decision rationale: Baclofen is a muscle relaxer used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. According to California MTUS, Chronic pain medical treatment guidelines, Baclofen "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Patient had a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the request for Baclofen 10mg tab, 1 tab three times a day as needed, #84 is not medically necessary.