

Case Number:	CM14-0199977		
Date Assigned:	12/10/2014	Date of Injury:	07/19/2001
Decision Date:	01/26/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/01/2014

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 New Jersey. 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 58 year-old female who was injured on 7/19/01. She complained of neck, right shoulder, right elbow, bilateral knee pain and migraine headaches. On exam, she had tenderness of bilateral knees, no evidence of ligament instability, equal reflexes, Cervical MRI showed disc protrusions with right facet joint hypertrophy, resulting in encroachment of the right neural foramina at C5-6. She was diagnosed with migraine headaches, cervical spine sprain, cervical disc protrusions, right shoulder status post arthroscopic surgery, right elbow chronic strain, right wrist sprain, lumbar spine sprain/strain, right knee status post arthroscopy and chondroplasty, right knee status post total knee arthroplasty, left knee chronic sprain with evidence of chondromalacia patellae and mild arthritic changes as per 3/2011 MRI. Her treatment included Botox injections for migraine headaches, neck, and shoulder pain. She also took Norco, Baclofen, Valium, and Maxalt. She had right shoulder arthroscopic debridement of partial rotator cuff tear with subacromial decompression. She had a right total knee replacement in 4/2010 and 12 sessions of postoperative physical therapy. She had left knee arthroscopic surgery on 6/27/11. The current request is for a resistance chair, Fexmid, and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resistance Chair with Cycle-Smooth Rider I: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment, Knee/Leg. Exercise equipment

Decision rationale: The request is considered not medically necessary. ODG guidelines were used as MTUS does not address the use of exercise equipment. As per ODG, exercise equipment is considered not primarily medical in nature. The patient had multiple sessions of physical therapy and should be comfortable continuing with a home exercise program. The patient is not homebound requiring the use of a resistance chair at home. Therefore, the request is considered not medically necessary.

Fexmid (Cyclobenzaprine 7.5mg) QTY: 60.00: 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): 63-64.

Decision rationale: The use of Fexmid is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. It is not recommended beyond 2-3 weeks of use which the patient has exceeded. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is on opioids which may compound the adverse effects of drowsiness and dizziness. The patient has been diagnosed with neck, back, knee, elbow, wrist pain but there is no documentation of muscle spasms on exam. Therefore, continued use is considered not medically necessary.

Ativan (Lorazepam) 2mg QTY: 30.00: Upheld

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

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

Decision rationale: The request for Ativan is not medically necessary. Ativan is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks which the patient has exceeded. A UDS did not show benzodiazepines but the patient had run out of medications. Being a controlled substance, monitoring with regular UDS's is important. Therefore, the request is considered not medically necessary.