MAXIMUS Federal Services

Case Number:	CM15-0103165		
Date Assigned:	06/09/2015	Date of Injury:	05/22/1998
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 63-year-old female who sustained an industrial injury on 05/22/1998. Diagnoses include other symptoms involving digestive system, lumbago, other symptoms referable to back, post laminectomy syndrome lumbar region, reflex sympathetic dystrophy of the lower limb, abdominal pain-unspecified site and total knee replacement. Treatment to date has included medications, transforaminal nerve root blocks and physical therapy. According to the PR2 dated 5/5/15 the IW reported pain in the back, legs and knees rated 6/10. The pain radiated to the bilateral lower extremities, right knee, right leg and right buttock. Medications and rest alleviated her pain. She also reported she was having increased nausea and requested Nexium or referral to a gastrointestinal physician. On examination the IW walked with a walker. Lumbar extension was 25 degrees and otherwise normal in all other planes. Straight leg raise test was negative at 90 degrees bilaterally. Both knees were tender to palpation; the right knee was also swollen. Flexion/extension of the left knee was 90/-21 degrees and the right knee was 110/0 degrees. Patellar reflexes were absent on the right and 3 on the left. The quadriceps and hamstrings on the right were decreased in strength compared to the left. A request was made for Klonopin 1mg, #60 for anxiety and depression, Promethazine 25mg, #25 for nausea and vomiting and Flexeril 10mg, #60 for treatment of the effects of the IW's accepted industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1 mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24.

Decision rationale: The claimant sustained a work injury in may 1998 and continues to be treated for chronic back and lower extremity pain. When seen, pain was rated at 6/10. She was continuing to take Duragesic and Percocet. She was having side effects including itchiness possibly related to medication use. She was having abdominal pain with increased nausea and vomiting. Her past medical history included GERD. Physical examination findings included decreased cervical spine and bilateral knee range of motion. There was right knee swelling and left knee tenderness. There was an abnormal gait. Medications included Klonopin and Flexeril being prescribed on a long-term basis. Klonopin (clonazepam) is a benzodiazepine which is not recommended for long-term use. In this case, the reason it is being prescribed is unclear. If being used for anxiety, tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The request is not medically necessary.

Promethazine 25 mg qty: 25: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics Promethazine Prescribing Information and Other Medical Treatment Guidelines Phenergan prescribing information.

Decision rationale: The claimant sustained a work injury in May 1998 and continues to be treated for chronic back and lower extremity pain. When seen, pain was rated at 6/10. She was continuing to take Duragesic and Percocet. She was having side effects including itchiness possibly related to medication use. She was having abdominal pain with increased nausea and vomiting. Her past medical history included GERD. Physical examination findings included decreased cervical spine and bilateral knee range of motion. There was right knee swelling and left knee tenderness. There was an abnormal gait. Medications included Klonopin and Flexeril being prescribed on a long-term basis. Indications for prescribing promethazine include vomiting from various causes, including postoperative vomiting, irradiation sickness, drug induced nausea and motion sickness. In this case, the claimant has not had recent surgery. However, she is being treated with opioid medications and has ongoing and increasing symptoms of nausea. Therefore, the use of this medication was medically necessary.

Flexeril 10 mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work injury in May 1998 and continues to be treated for chronic back and lower extremity pain. When seen, pain was rated at 6/10. She was continuing to take Duragesic and Percocet. She was having side effects including itchiness possibly related to medication use. She was having abdominal pain with increased nausea and vomiting. Her past medical history included GERD. Physical examination findings included decreased cervical spine and bilateral knee range of motion. There was right knee swelling and left knee tenderness. There was an abnormal gait. Medications included Klonopin and Flexeril being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was therefore not medically necessary.