

Case Number:	CM15-0108999		
Date Assigned:	06/15/2015	Date of Injury:	03/20/2014
Decision Date:	07/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 03/20/2014. Treatment provided to date has included: injections, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (10/18/2014) showing degenerative disc disease, disc bulging, foraminal canal narrowing, and mild lumbar spondylotic changes; and x-rays of the left knee (06/13/2014) showing a serpiginous tear, meniscal degeneration with an overlying tear, and effusion with fluid extending into the joints space. Other noted dates of injury documented in the medical record include: 20013 and 2014. There were no noted comorbidities. On 05/12/2015, physician progress report noted complaints of continued and constant severe pain in the low back with radiating pain into both legs. Pain is described as worsening, constant, and severe; however, no pain rating was noted. Additional complaints include constant left knee pain. It was noted that the injured worker was waiting for authorization for a lumbar epidural steroid injection and a cortisone injection to the left knee. The injured worker noted that his low back pain had worsened to the point that he had to go to the emergency room 2 weeks earlier due to excruciating pain and inability to walk. Current medications include naproxen, Norco, Ultram ER, Flexeril and Xanax. These medications have been prescribed for several months. The physical exam revealed restricted range of motion in the lumbar spine, tightness and spasms in the lumbar paraspinal musculature bilaterally, hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 bilaterally, and weakness with big toe dorsiflexion and big toe plantar flexion bilaterally. The exam of the left knee showed: range of motion extension of 180° and flexion of 120°, positive McMurray's test,

positive chondromalacia patellar compression test, and tenderness in the medial joint line. The provider noted diagnoses of right hand strain/sprain, left knee strain/sprain, left knee internal derangement, right foot strain/sprain, and herniated disc in the lumbar spine with radiculitis/radiculopathy. Plan of care includes continued medications (Norco, Ultram ER, Flexeril and Xanax), left knee brace, continue waiting for authorization for injections, and follow-up. The injured worker's work status temporarily totally disabled. Requested treatments include medications (Norco, Ultram ER, Flexeril and Xanax) and a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg Qty 120, 1 tab 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: CA MTUS Guidelines state that Cyclobenzaprine (Flexeril) is only recommended for a short course of therapy. Limited, mixed evidence does not allow for chronic use. In this case, the patient is being prescribed Flexeril on a long-term basis. In addition, there is no evidence of recent exacerbation of muscle spasm requiring Flexeril. Flexeril is indicated for 3-4 days for acute spasm and no longer than 2-3 weeks total. This request is therefore, deemed not medically necessary.

Xanax 0.5 mg Qty 60, 1 tab 2 times daily for anxiety: 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: MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Benzodiazepines are a major cause of overdose. The patient is also taking Norco, which presents the problem of adverse drug interaction with Xanax. In this case there is evidence of both anxiety and depression. Chronic use of benzodiazepines has been found to worsen depression. A single medication which could address both the anxiety and depression would be a good option in this patient. Therefore, the request for Xanax is deemed not medically necessary at this time.

Left Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333.

Decision rationale: ACOEM guidelines state that a knee brace is indicated in cases of patellar instability, ACL tears or MCL instability. The patient does have knee pathology; however there is no evidence of patellar instability or MCL or ACL problems. In this case, there is no documentation of instability of the knee. Therefore, the request is deemed not medically necessary.