

Case Number:	CM15-0184281		
Date Assigned:	09/24/2015	Date of Injury:	09/11/2011
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 is a 43-year-old male, who sustained an industrial injury on 9-11-11. The injured worker is being treated for left knee sprain-strain. A urine drug screen was performed on 2-25-15, which was inconsistent with medications prescribed. Treatment to date has included oral medications including Norco 10-325mg (since at least 4-9-15), Xanax 1mg (since at least 4-9-15), Voltaren 100mg (since at least 4-9-15) and Flexeril 7.5mg (since at least 4-9-15); left knee surgery, left knee brace and activity modifications. On 7-8-15 and 8-12-15, the injured worker complains of sharp, burning left knee pain rated 6-7 out of 10 with medications, the pain is associated with numbness, tingling, and relieved with medication and rest. He is currently not working. Physical exam on 7-8-15 and 8-12-15 revealed tenderness to palpation and spasm of the anterior knee, medial knee and posterior knee with positive McMurray's. The treatment plan included prescriptions for Norco 10-325mg #60, Xanax 1mg #30, Voltaren 100mg #60 and Flexeril 7.5mg #30. On 8-24-15 utilization review modified requests for Norco 10-325mg #60 to #30 and Xanax 1mg #30 to #15 and non-certified a request for Flexeril 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril 7.5 mg #30 is not medically necessary. CA MTUS supports the short-term use of non-sedating muscle relaxants as a second-line option in the management of acute pain and acute exacerbations of chronic pain. This medication is a sedating muscle relaxant apparently being utilized for long-term treatment, and the documentation does not identify acute pain or an acute exacerbation of chronic pain. In addition, there is no documentation of efficacy with the use of this medication. Furthermore, the records note that Flexeril did not provide sufficient pain relief. Thus, the requested medication is not medically necessary.

Xanax 1mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Xanax 1 mg, #30 is not medically necessary for long-term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. CA MTUS page 24 states that "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. They are ranging actions include sedative/have not it, anxiolytic, anticonvulsant and muscle relaxant." Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore, the requested medication is not medically necessary

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Norco 10/325 mg, #60 is not medically necessary. Per MTUS page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.