

Case Number:	CM14-0114863		
Date Assigned:	08/04/2014	Date of Injury:	05/25/2001
Decision Date:	09/19/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 68 year old male who was injured on 05/25/2001 when he hurt his knee while hooking up a water hose to a tank. Prior treatment history has included 8 sessions of physical therapy. The patient underwent an injection to the left knee on 05/15/2014. Prior medication history as of 01/29/2014 included Lenza Gel, Oxycontin, Clonazepam, Edluar, Norco and Soma. Diagnostic studies reviewed include x-rays of bilateral knees dated 05/06/2014 demonstrated no acute bony abnormality; probable mild bilateral joint effusions. Progress report dated 07/23/2014 indicates the patient presented with complaints of bilateral knee and shoulder pain which is sharp in nature with stiffness, weakness, and general discomfort. Objective findings on exam revealed reduced range of motion of the right knee and shoulders bilaterally in all planes. He has a positive positive drop tests, with tenderness in the medial aspect of the right knee. There is decreased strength in the distribution of the bilateral femoral and the bilateral suprascapular nerves with associated neurogenic atrophy bilaterally. The right hand and shoulder and right hip/foot syndromes with stage II dystrophic right hand and right foot areas. Diagnoses are bilateral knee internal derangements with medial meniscal tears, status post left knee arthroscopic surgical procedure, and left knee replacement surgery; bilateral rotator cuff syndromes status post arthroscopic procedures with bilateral suprascapular neuropathies; stress microfractures of the feet bilateral with secondary widely based antalgic gait affecting both knees; reflex sympathetic dystrophy, right upper and right lower; and status post left knee total knee replacement. The treatment and plan is to continue the patient on the following medications: Oxycontin 40 mg, and Norco 10/325. Prior utilization review dated 07/02/2014 states the request for Carisoprodol 350mg Quantity 120 is denied as this medication is not indicated for long term use; Clonazepam 1mg Quantity 90 is denied long term efficacy is unproven and there is a risk of dependency; Oxycodone 30mg Quantity 150 is modified to certify Oxycodone 30 mg

Quantity 90 tablets as there is no documented functional improvement from previous usage; and Zolpidem 10mg Quantity 30 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 350mg Quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The MTUS, Chronic Pain Guidelines does not recommend this medication. The guidelines state the medication is not indicated for long-term use in patients. The medical records document the patient has been prescribed Carisoprodol since at least 01/29/2014. Although the request is not medically necessary according to the guidelines referenced, it should also be noted that the Chronic Pain Guidelines do state (under weaning of medications, page 124) that "At the highest levels of barbiturate tolerance, the patient is at risk of delirium, seizures or even death with abrupt discontinuation. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Most treatment includes treatment for symptomatic complaints of withdrawal. Another option is to switch to phenobarbital to prevent withdrawal with subsequent tapering. A maximum dose of phenobarbital is 500 mg/day and the taper is 30 mg/day with a slower taper in an outpatient setting. Tapering should be individualized for each patient." This should be taken into consideration when discontinuing this medication due to the patients long term use and dosage. Given the above the request is not medically necessary.

Clonazepam 1mg Quantity 90: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend the long term use of this medication because long-term efficacy is unproven and there is a risk of dependence. It further states that most guidelines limit the use to 4 weeks. The patient is documented as being prescribed this particular medication for well over 4 weeks with prescribing information dating back to at least 01/29/2014. Based on the medical records and guidelines cited, the request is not medically necessary. Although the request is not medically necessary according to the guidelines referenced, it should also be noted that the Chronic Pain Guidelines do state (under weaning of medications, page 124) that "Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) This is

more dangerous than opioid withdrawal, and takes more time, with the following recommendations: (1) The recommended rate of tapering is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks; (2) Rate of withdrawal should be individually tapered; (3) Tapering may take as long as a year; (4) High-dose abusers or those with polydrug abuse may need in-patient detoxification; & (5) Withdrawal can occur when a chronic user switches to a benzodiazepine with a different receptor activity." As such request is not medically necessary.

Oxycodone 30mg Quantity 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends ongoing management for opioid use to include the documentation of pain levels with and without the medication, documentation of functional improvement with the medication, ongoing drug screening to verify compliance and documentation of side effects from the medication. There is no documentation in the records provided to show the patient has had gainful improvement in pain or functional improvement. As such, the request for the 150 dosage is not medically necessary.

Zolpidem 10mg Quantity 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, (Zolpidem).

Decision rationale: The ODG recommends Zolpidem for the short-term (usually two to six weeks) treatment of insomnia. The patient is documented as being prescribed this medication since January 2014. The request is not medically necessary according to the guidelines cited.