

Case Number:	CM14-0142635		
Date Assigned:	09/10/2014	Date of Injury:	04/26/2001
Decision Date:	11/13/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic Surgery and is licensed to practice in Indiana. 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 50-year-old female who suffered an injury to her left knee on 4/26/01 as a firefighter. Her partner slipped off a cliff and she had to pull her partner to safety. She experienced immediate onset of left knee pain. The worker complains of constant knee pain 10/10 primarily localized to the lateral joint line with inability to bend, squat, or kneel due to her pain. She complains of instability of the knee with 2 - 3 giving way episodes/day and requires the use of a knee brace and cane for ambulation. She also complains of intermittent locking of her left knee. The worker has received 24 physical therapy (PT) sessions with improvement in knee strength but not stability. On physical examination of the knee on 7/17/14, the worker had no swelling, deformity, or effusion of the knee with only 100 degrees of active and passive flexion with a positive Patellar grind test, positive lateral McMurray's sign, and a positive Lachman's and Anterior Drawer sign. An MRI of the left knee demonstrated an anterior cruciate ligament tear, avulsion fracture of the anterior tibial eminence at the insertion of the anterior cruciate ligament, small joint effusion, and early degenerative arthritis. The worker is also being treated for left shoulder tendinosis, left shoulder impingement, and left shoulder ac osteoarthritis as residua of the 4/26/01 injury. Finally, the injured worker is also being treated for chronic neck and back pain with Norco, Zenaflex, Elavil, and Norco. The injured worker's treating physician has received approval for left knee allograft anterior cruciate ligament (ACL) reconstruction, follow-up with the treating physician, post-op PT, pre-op medical clearance, pre-op labs and testing, left shoulder steroid injection, and a left knee hinged knee brace. Denial for post-op medications is being appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 2 (po tid) orally three times a day: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-76.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids, such as Norco, are recommended for control of chronic pain. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR , Oxyfast), Endocodone , Oxycodone with acetaminophen, (Roxilox , Roxicet , Percocet , Tylox , Endocet), Hydrocodone with acetaminophen, (Vicodin , Lorcet , Lortab , Zydone , Hydrocet , Norco), Hydromorphone (Dilaudid , Hydrostat). (Baumann, 2002). Since the requested Norco meets the CA MTUS guidelines, the Norco is medically necessary.

Elavil 25mg, 1 po bid, (orally twice a day): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines for antidepressants, they are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Since the injured worker is being treated for chronic neck and back pain and the use of Elavil meets the guideline recommendations, the requested Elavil is medically necessary.

Prilosec 20mg, 2 po qhs (orally at bedtime): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16.

Decision rationale: Per guidelines, since the requested antidepressants are medically necessary and since one of the side effects of Elavil is epigastric distress which can be treated by Prilosec, the requested Prilosec is medically necessary.

Zanaflex 4mg, 3 times a day: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex demonstrated a significant decrease in pain associated with subacute and chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. Tizanidine (Zanaflex , generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). Since the guidelines quote eight studies that have demonstrated efficacy for low back pain and since the injured worker is being treated for lower back pain, the request for Zanaflex meets the guidelines and is medically necessary.