

Case Number:	CM15-0122885		
Date Assigned:	07/07/2015	Date of Injury:	01/21/2010
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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

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 66 year old female, who sustained an industrial injury on 1/21/2010. The mechanism of injury was twisting the right knee while stepping back on a curb to miss being hit by a luggage trolley. The injured worker was diagnosed as having multiple right knee surgeries, right knee sprain/strain, knee pain with residual arthrofibrosis, lumbar strain, lumbar degenerative disc disease, left knee degenerative joint disease and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 3/17/2015, the injured worker complains of low back and bilateral knee and ankle pain. The treating physician is requesting Mobic 7.5 mg #20 with 2 refills, Skelaxin 800 mg #20 with 2 refills, Pamelor 10 mg with 2 refills and Tylenol ER 500 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #20 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Meloxicam (Mobic) Page(s): 21-22, 60.

Decision rationale: According to the MTUS guidelines, Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical records establish evidence of objective functional improvement with the utilization of this medication. The medical records do not establish side effects with this medication and continued use is supported. The request for Mobic 7.5mg #20 with 2 refills is medically necessary and appropriate.

Skelaxin 800mg #20 with 2 refills: Upheld

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

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

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatories (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008). The medical records note that the injured worker has been prescribed muscle relaxants for an extended period of time. While muscle relaxants are supported for short term use in the event of an exacerbation, chronic use is not supported. The request for Skelaxin 800mg #20 with 2 refills is not medically necessary and appropriate.

Pamelor 10 mg with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: According to the MTUS guidelines antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS guidelines state that Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Pamelor is a tricyclic antidepressant and efficacy has been noted with the utilization of this first line adjuvant medication. The request for Pamelor 10 mg with 2 refills is medically necessary and appropriate.

Tylenol ER 500mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11.

Decision rationale: According to the MTUS guidelines, Acetaminophen (APAP) is recommended for treatment of chronic pain & acute exacerbations of chronic pain. The injured worker is status post two knee replacements and is followed for chronic pain. Efficacy has been noted with the use of this medication. The request for Tylenol ER 500mg #60 with 2 refills is medically necessary and appropriate.