

Case Number:	CM15-0077697		
Date Assigned:	04/29/2015	Date of Injury:	02/23/2004
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 61-year-old male, who sustained an industrial injury on 02/23/2004. He reported the sudden onset of pain in the left knee and increased pain in the left foot. Pain was associated with a popping sensation of the knee. He developed severe pain and swelling of the left lower extremity in the left knee. MRI revealed a torn medial meniscus. Treatment to date has included MRI, knee surgery, epidural steroid injection and medications. According to a progress report dated 03/11/2015, the injured worker reported that back and leg pain had increased and he had persistent severe bilateral knee and hip pain. He was waiting on an appointment for a recently authorized epidural injection. The injured worker reported that the recent decrease of Oxycontin from 180mg/day to 160mg/day had resulted in a modest increase in the back and leg pain. With the use of this medicine, he was able to increase his activities of daily living. Neck pain with severe headaches was also noted. Currently under review is the request for Oxycontin, Hydrocodone/Acetaminophen, Synovacin and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 61 year old male has complained of left knee pain, foot pain and low back pain since date of injury 2/23/04. He has been treated with surgery, physical therapy, epidural steroid injection and medications to include opioids since at least 01/2015. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Hydrocodone/Acetaminophen 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 61 year old male has complained of left knee pain, foot pain and low back pain since date of injury 2/23/04. He has been treated with surgery, physical therapy, epidural steroid injection and medications to include opioids since at least 01/2015. The current request is for Hydrocodone/Acetaminophen 10/325mg #120. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone/Acetaminophen 10/325mg #120 is not indicated as medically necessary

Synovacin 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: This 61 year old male has complained of left knee pain, foot pain and low back pain since date of injury 2/23/04. He has been treated with surgery, physical therapy, epidural steroid injection and medications to include Synovacin since at least 01/2015. The current request is for Synovacin. Per the MTUS guidelines cited above, glucosamine may be used as an option for treatment in patients with osteoarthritis. The available medical records however do not document improvement in function with use of this medication thus far. On the basis of the available medical documentation and per the guidelines cited above, Synovacin is not indicated as medically necessary.

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 61 year old male has complained of left knee pain, foot pain and low back pain since date of injury 2/23/04. He has been treated with surgery, physical therapy, epidural steroid injections and medications to include Zanaflex since at least 01/2015. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.