

Case Number:	CM13-0019964		
Date Assigned:	10/11/2013	Date of Injury:	08/06/1997
Decision Date:	01/08/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 56 year old female with an injury from 4/6/97. The patient suffers from chronic bilateral knees, lower back pains along with internal organ problems. Current diagnoses provided are bilateral knee post meniscectomies; bilateral knee post-traumatic arthritis; lumbar disc disease. The patient has persistent bilateral knee pains at an intensity of 9/10. Since last visit, the patient has increased pain in the knees. Patient is not working. Impressions include bilateral knee post meniscectomies, bilateral post traumatic arthritis knees, Lumbosacral disc disease with industrial aggravation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3, #100 with 5 refills: Upheld

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

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

Decision rationale: MTUS guidelines clearly require that a thorough review of the patient's pain, function and quality of life be discussed at regular intervals. There is no documentation

that medications improve pain, function or improve the patient's quality of life. Report dating back to 2012 has the patient at pain level of 9/10 which is same as the current pain level. The treater does not document any functional changes, before and after pain scales, and quality of life issues. Numerical scale defining functional level or a validated measure assessing the patient's functional level is required once every 6 months. Furthermore, for outcome measures, current pain level; average pain level; least pain level; time it takes for medication to work, etc. are required. The request for Tylenol #3 with 5 refills is not medically necessary and appropriate.

Chiropractic treatment (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: MTUS allows for a trial of chiropractic treatment at 6 initial visitation. However, the treater's current request is at 8 sessions. While the patient suffers chronic low back pain and very well may benefit from a trial of chiropractic treatments, the request number of visitation exceeds what is allowed by MTUS. The treater also does not discuss any prior chiropractic treatment history. In the absence of the patient's treatment history, it is not known if this is for an initial trial of treatments or repeat treatments. In either case, the request is in excess of recommendations. The request for 8 sessions of chiropractic treatment is not medically necessary and appropriate.

Flexeril 10mg #30 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 Page(s): 64.

Decision rationale: MTUS does not recommend chronic use of Flexeril. It only allows for 4 days of use to address flare-up's or acute muscle spasms. In this patient, it appears that the patient is prescribed Flexeril on a regular basis. The treater does not provide documentation as to when this medication is used, for what symptoms, with what results, and for what duration. The request for Flexeril 10mg is not medically necessary and appropriate.