

<b>Case Number:</b>	CM13-0042292		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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 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:

This is a 41 year-old female with a 9/28/2011 industrial injury claim. She has been diagnosed with bilateral knee internal derangement; lumbar DDD; sacroiliitis; and left foot plantar fasciitis. According to the 10/8/13 pain management report from [REDACTED], the patient presents with 5-9/10 chronic low back pain, bilateral knee pain and left foot pain. She has been evaluated by two orthopedists that suggested right knee TKA and possible left knee TKA versus arthroscopy to address a residual meniscal tear. The podiatrist has treated the left foot pain with orthotics and PT, but the patient reports minimal benefit. She paid out-of-pocket for a lumbar MRI that showed left disc protrusion at L5/S1 without evidence of neuroforaminal or central stenosis. The plan was for PT and pain psychology evaluations and for Diclofenac, Flexeril and Voltaren gel. On 10/22/13 UR recommended non-certification for the PT evaluation, psych evaluation and use of Flexeril 10mg 3x/day #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY EVALUATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, physical medicine Page(s): 8-9, 98-99. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**Decision rationale:** According to the 10/8/13 pain management report from [REDACTED], the patient presents with 5-9/10 chronic low back pain, bilateral knee pain and left foot pain. MTUS on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" According to [REDACTED], the patient has had minimal benefit from PT provided under the podiatrist. There was no mention of functional improvement from the prior PT, and MTUS does not recommend continuing with treatment that does not provide functional improvement.

**PSYCH EVALUATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, 100-101

**Decision rationale:** According to the 10/8/13 pain management report from [REDACTED], the patient presents with 5-9/10 chronic low back pain, bilateral knee pain and left foot pain. The patient has chronic pain. MTUS states "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." The request is in accordance with MTUS guidelines.

**PRESCRIPTION OF FLEXERIL 10MG 3 TIMES A DAY, QTY: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Page(s): 41-42. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANT, 41-42

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

**Decision rationale:** According to the 10/8/13 pain management report from [REDACTED], the patient presents with 5-9/10 chronic low back pain, bilateral knee pain and left foot pain. I have been asked to review for necessity of Flexeril 10mg 3/day, #90. This is a 30-day supply, MTUS guidelines specifically state that this medication is not recommended beyond 2-3 weeks. The request for a 30-day supply will exceed the MTUS recommendations