

Case Number:	CM13-0047372		
Date Assigned:	12/27/2013	Date of Injury:	10/08/2011
Decision Date:	05/02/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient was injured on 10/8/2011. The diagnoses listed are bilateral shoulder pain, neck pain, back pain and knee pain. The treatments that has been completed since the injury are right knee arthroscopy in 2012, physical therapy, acupuncture, cortisone joint injections and medications management. The treating physician [REDACTED] had noted on 10/7/2013 that the right knee arthroscopy procedure provided only 10-15% reduction in pain. The orthopedic physician [REDACTED] had recommended a repeat arthroscopy. Following a psychological evaluation by [REDACTED] on 12/17/2013 the diagnoses of major depression, social stressors and chronic pain disorder with psychological factors was made. The patient was started on psychotherapy Final Determination Letter for IMR Case Number CM13-0047372 3 treatments. A Utilization Review was rendered on 10/21/2013 for non certification of Flexeril 10mg #30, Tylenol #3 #60 and Follow up Orthopedic clinic visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 FLEXERIL 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, and Flexeril Page(s): 41, 63-66.

Decision rationale: The CA MTUS addressed the use of anti-spasmodics and muscle relaxants in the treatment of muscle spasm associated with chronic pain. The recommendation is to use non sedating muscle relaxants at the lowest dose for the shortest periods during the acute phase of injury or during flare ups of muscle spasms that did not respond to NSAIDs and exercise. There is no documentation of subjective complaints or objective findings of muscle spasm on this patient. The patient has co-existing psychological condition that is currently being treated. There will be significant symptoms relief after completion of psychotherapy.

60 Tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine and Opioids Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids in the treatment of chronic pain. Tylenol with codeine can cause all the adverse effects associated with opioids such as constipation, sedation, psychological and physical dependency. The guideline recommends that the use of opioids be limited to periods of acute exacerbations and flare up of pain that did not respond to treatment with NSAIDs and physical therapy. There is no documentation of compliance measures such as Pain Contract and UDS. There is no documentation of functional restoration associated with the use of Tylenol #3.

1 follow up with specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Follow-up with Specialist

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: The CA MTUS was silent on the indications for follow up Orthopedic consult and arthroscopy for the management of chronic knee pain. The indications listed in the ACOEM are- worsening knee condition, age greater than 50 years, advanced chondral erosion noted on previous arthroscopy and non responsive to conservative management. The patient has not met all these criteria. A previous arthroscopy in 2012 did not result in significant symptom improvement. The procedure report did not indicate that advanced chondral erosion was present.