MAXIMUS Federal Services

Case Number:	CM13-0058900		
Date Assigned:	12/30/2013	Date of Injury:	10/04/2010
Decision Date:	03/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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 underlying date of injury in this case is 10/04/2010. The treating diagnoses include 715.36 and 724.2. This patient is a 66 year old woman. The patient presented to her treating physician on 11/05/2013 with a complaint of a flare up of knee swelling for a couple weeks with the knee locking up on her. She also reported a flare up of back spasms and pain. The claimant was noted to have a normal gait with a normal motor and sensory exam. She was felt to have an exacerbation of lumbago and severe exacerbation of localized knee osteoarthritis. The treating physician planned an injection of the knee with Xylocaine and Depo-Medrol as well as an orthopedic consultation. The treating physician also noted a continued plan for physical therapy for a flare of back pain as well as treatment with metaxalone 800 #90 with five refills. The initial physician reviewer recommended non-certification of physical therapy without additional clarification regarding the frequency and number of sessions requested. The initial physician reviewer noted that the medical record mentioned that the knee injection would be a repeat injection but there is no documentation of the effect of the first or the second injection. The initial physician reviewer modified the request for metaxalone for short-term use with no refills since the medication was not supported for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state, "Active therapy requires an internal effort by the individual to complete a specific exercise or task.... Allow for fading of treatment frequency plus active self-directed home physical medicine." The MTUS Chronic Pain Guidelines thus recommend a specific prescription unique to a given patient for physical therapy. In this case, there is no frequency or duration specified and very little information to support goals. In this situation the treatment is not supported by the MTUS Chronic Pain Guidelines. This request is not medically necessary and appropriate.

Metaxalone 800mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Medicine Practice Guidelines Plus, APG I PLUS, 2010, chapter Chronic Pain Metaxalone

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

Decision rationale: The MTUS Chronic Pain Guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain." Further details regarding this medication states, "Metaxalone is reported to be a relatively non-sedating muscle relaxant." The MTUS Chronic Pain Guidelines thus would support the use of this medication on a short-term basis. However, the current request is for #90 tablets with five refills, which would be for long-term rather than short-term use. Therefore, the request is not medically necessary and appropriate.

Left knee injection: 2cc Xylocaine and 1cc Depo80: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 7th edition, 2009, Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines, section on Knee, Corticosteroid injection

Decision rationale: The Official Disability Guidelines state, "Intra-articular injections typically yield improvement within 24 hours that lasts 4-8 weeks....repeated injections to the knee may not accelerate disease progression for osteoarthritis." In this case, there was at least a 3-month interval between the prior episode where a steroid injection to the knee was considered versus the current episode. The treatment guidelines do not indicate that it is impermissible to repeat corticosteroid injections but rather provide guidelines which essentially approve the use of such

an injection once for any given flare of symptoms and indicate that this treatment is quite effective for an acute flare of symptoms. The clinical situation in this case with flare of arthritis to the knee is described as severe and fits with these guidelines. It is particularly relevant that the guidelines state that such periodic use of steroid injections does not cause ultimate harm. The guidelines therefore give the discretion to the physician to utilize this treatment and indicate there is no probable harm given the timeframe involved in this particular case. Therefore this request is supported by the Official Disability Guidelines. This request is medically necessary and appropriate.