MAXIMUS Federal Services

Case Number:	CM14-0016628		
Date Assigned:	03/05/2014	Date of Injury:	09/03/1985
Decision Date:	04/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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, 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:

The patient is a 66-year-old female who reported an injury on 09/03/1985. The patient reportedly suffered a cumulative trauma injury to bilateral knees and shoulders. The patient is currently diagnosed as status post bilateral knee surgery. The patient was recently seen by [redacted] on 01/17/2014. The patient reported chronic bilateral knee pain. Physical examination revealed decreased range of motion, positive drawer testing, positive Lachman's testing, lateral instability, 4/5 strength, and tenderness to palpation. Treatment recommendations at that time included a behavioral pain program, a comprehensive pain program, x-rays of the left knee, an orthopedic follow-up visit, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

BEHAVIORAL PAIN PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , FUNCTIONAL RESTORATION PROGRAMS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 psychotherapy visits to 4 psychotherapy visits over 2 weeks. As per the documentation submitted, the patient does report symptoms of chronic pain and depression. However, the frequency and total duration of treatment was not stated in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

COMPREHENSIVE PAIN PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, FUNCTIONAL RESTORATION PROGRAMS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-33.

Decision rationale: California MTUS Guidelines state chronic pain programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that place them at risk of delayed recovery. As per the documented submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a comprehensive chronic pain program. There is no evidence of an adequate and thorough evaluation. The frequency and total duration of treatment was not specified in the current request. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

ORTHO FOLLOW UP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up is appropriate when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the patient is pending x-rays of bilateral knees. There is no documentation of a recent failure to respond to conservative treatment. The medical necessity for the requested follow-up visit has not been established. As such, the request is non-certified.

OPANA ER 10MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient's current medication list was not provided for review. Therefore, there is no evidence of this patient's active utilization of this medication. There is also no documentation of a failure to respond to non-opioid analgesics. Based on the clinical information received, the request is non-certified.

OPANA ER 5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient's current medication list was not provided for review. Therefore, there is no evidence of this patient's active utilization of this medication. There is also no documentation of a failure to respond to non-opioid analgesics. Based on the clinical information received, the request is non-certified.

CELEBREX 200MG #30, REFILL X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state Celebrex is indicated for the relief of osteoarthritis, rheumatoid arthritis, and ankylosing spondylosis. The patient does not maintain any of the above mentioned diagnoses. It is also noted that the patient utilized Celebrex in 10/2003. There is no evidence of a satisfactory response to treatment. Based on the clinical information received, the request is non-certified.