

Case Number:	CM14-0036440		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2009
Decision Date:	07/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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, 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:

The patient is a 44-year-old female with date of injury of 07/01/2009. The listed diagnoses per [REDACTED] dated 04/07/2014 are: Left ankle pain due to advanced degenerative arthritis; Left ankle pain due to talotibial degenerative arthritis/sinus tarsi syndrome secondary to left knee pain and prolonged antalgic gait pattern; Difficulty sleeping; Significant weight gain; Gastroesophageal reflux disease related to pain medication; Lower back pain with radicular symptoms to left lower extremity, nonindustrial; Strong possibility of diabetes or hypothyroidism. According to this report, the patient is status post left knee arthroscopic surgery. The patient is extremely limited in her mobility. The patient has severe left medial knee pain with associated clicking and locking sensation. The patient's left lower extremity gives way. Her current list of medications include: Celebrex, Protonix, Flexeril, and Wellbutrin. The physical examination shows the patient is alert and in mild distress. The patient's gait is antalgic, favoring the left lower extremity. The bilateral knee exam reveals mild left knee generalized swelling. There is mild varus deformity. There is also moderate to severe medial joint line tenderness. The patient has a strong positive McMurray sign suggestive of medial meniscal pathology. A neurological exam of the bilateral lower extremity shows strength of 4+, limited by pain. Deep tendon reflexes are generalized hyporeflexic, however, symmetrical. Sensory examination is without any positive findings. There is no clonus at the bilateral ankles. The utilization review denied the request on 02/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants Page(s): 64, 63.

Decision rationale: This patient presents with knee pain. The patient is status post left knee surgery from 11/13/2009. The treater is requesting Flexeril 10 mg. The MTUS Guidelines page 64 on cyclobenzaprine states, "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline)." In addition, this medication is not recommended to be used for longer than 2 to 3 weeks. The review of records shows that the patient was prescribed Flexeril on 04/07/2014. However, it is unclear if the patient was prescribed this medication prior to this date. The progress report dated 04/07/2014 does not document muscle spasms to warrant the use of a muscle relaxant. Furthermore, the requested quantity of 90 would exceed MTUS recommended 2 to 3 week treatment period. Recommendation is that this request is not medically necessary.

Ultram 50mg, #100, with 3 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with knee pain. The patient is status post left knee surgery from 11/13/2009. The treater is requesting Ultram 50 mg #100. For chronic opiate use, the MTUS Guidelines require specific documentations regarding pain and function. Page 78 of MTUS requires "pain assessment" that requires "current pain; least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4As for ongoing monitoring" are required which includes: Analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The patient's current list of medications includes Celebrex 200 mg, Protonix 40 mg, Flexeril 10 mg, and Wellbutrin XL 150 mg. It appears that the patient last utilized Ultram in April 2013. The records do not show a current urine drug screen to monitor medication adherence. There is also a lack of "pain assessment" using a numerical scale to denote the patient's current pain and function, as well as "outcome measures." Given the lack of documented functional improvement as it relates to the use of Ultram, recommendation is that this request is not medically necessary.

Physical therapy to treat the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: This patient presents with knee pain. The patient is status post left knee surgery from 11/13/2009. The treater is requesting physical therapy for the bilateral lower extremities. The MTUS Guidelines on physical medicine page 98 and 99 recommends 8 to 10 visits for myalgia, myositis and neuralgia-type symptoms. The review of records shows that the patient last utilized physical therapy in 2009. The progress report dated 04/07/2014 notes that the patient reports continued pain and limited mobility. While the patient can benefit from a short course of physical therapy, the treater failed to specify the quantity and duration of the request. Recommendation is that this request is not medically necessary.