MAXIMUS Federal Services

Case Number:	CM14-0070595		
Date Assigned:	07/14/2014	Date of Injury:	06/21/2012
Decision Date:	09/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a male who sustained work related injuries to his right knee. He has a medical history of alcohol and tobacco abuse, fractures (Bayonette fracture of the right ulna, right orbital fracture, fingers, and toes), and mild head injury. His surgical history included right knee arthroscopy. Progress notes dated November 19, 2009; December 3, 2009; and January 28, 2010 indicated complaints of right knee pain radiating to his leg rated at 6/10. He utilized Norco 10/323 milligrams for pain control. Zanaflex was discontinued since "it is not helping him." He was given subcutaneous nerve blocks on December 3, 2009, which did not provide him sustained pain relief. Other treatment modalities included steroid injections, physical therapy, aqua therapy, chiropractor, acupuncture, and pain coping strategies. There were no specific dates or duration of treatments provided in medical records. Evaluation reports dated January 21, 2014 and February 24, 2014 indicated complaints of chronic knee pain rated at 7/10 described as radiating down the right heel with intermittent numbness and weakness. He also suffered from occasional falls. Review of systems showed positive findings of anxiety, diminished sleep, nervousness, headaches, and back pain. Medication regimen includes: Flexeril 10 milligrams, Norco 10/325 milligrams and Valium 10 milligrams. He is employed part-time and works with restrictions. Right knee exam showed restricted ranges of motion in all planes and tenderness over the lateral and medial joint lines, as well as patella and patellar tendon. Right knee brace and acupuncture (2x/week for 3 weeks) were requested. Recent progress report dated April 14, 2014 indicated that the injured worker has been taking Valium daily and was consistent with his urine drug testing (UDS). He has a medical marijuana card and expressed that he does not want to use anti-depressants for his pain. Medication intake has not changed. Right knee exam showed restricted ranges of motion. Tenderness over the lateral and medial joint lines, patella,

and patellar tendon were appreciated. Strength 4/5 was noted for right knee flexion and 3/5 for right knee extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 functional restoration program evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs), Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1-15,Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-32.

Decision rationale: The request is not medically warranted at this time. The Medical Treatment Utilization Schedule Chronic Pain Guidelines criteria in pursuing options for functional restoration program include evidence that previous means of treating chronic pain had been unsuccessful and that there is an absence of other options likely resulting in significant clinical improvement. Based from the medicals, the injured worker did not show any significant loss of ability to function independently resulting from his chronic pain, any lack of motivation change, and is willing to forego disability payments to effect said change. In this case, however, it is not clearly stated why other means of treating pain are ineffective or have been ineffective. Rather, it is suggested as per progress note January 21, 2014 that the injured worker's vocational status is "employed part-time" and works with restrictions. Recent progress report available does not clearly detail the injured worker's present vocational status. It is not clearly stated what the goals of the said functional restoration are and /or why other means of meeting these goals, such as counseling, medications, home exercises, etc. cannot be employed. In addition, the medical records indicate that the injured worker is utilizing opioids and medical marijuana. There is no evidence that the injured worker intends to discontinue or self-wean off of these agents, which have seemingly been deemed necessary for continuation. Assessment as per progress report dated January 21, 2014 notes positive psychiatric complaints of anxiety, nervousness and "diminished sleep. The guidelines indicate that prevalence of Opioid use and indications of psychological distress are variables that have been found to be negative predictors of efficacy of treatment programs and completion. Therefore, it can be concluded that the medical necessity of one functional restoration program evaluation is not medically necessary at this time.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: Flexeril (cyclobenzaprine) is not recommended for long-term use. The medication has its greatest effect in the first four days of treatment. Further, the Medical Treatment Utilization Schedule Chronic Pain Guidelines indicate that muscle relaxants are not considered any more effective than non steroidal anti-inflammatory medications alone. Based from the submitted medical records, there has been no indication of palpable muscle spasms and no documentation of functional improvement from any previous use of medication. The injured worker has been treated with Zanaflex in the past with no improvement of symptoms. Additionally, the medical records indicate that the employee is being prescribed Flexeril on a chronic basis, which is not supported by the guidelines. Therefore, it can be concluded that the medical necessity of Flexeril is not medically necessary at this time.