

<b>Case Number:</b>	CM13-0023205		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Mississippi  
 Certification(s)/Specialty: Family Practice

### 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 57-year-old male who reported an injury on 10/08/2011. The patient is currently diagnosed with pain disorder associated with psychological factors and a general medical condition, major depressive disorder, chronic pain, status post arthroscopic repair surgery of the right knee in 2012, right knee meniscal injury, right knee internal derangement and right knee ambulation dysfunction. The patient was seen on 10/25/2013. Physical examination was not provided. Treatment recommendations included surgical evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol with codeine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35, 74-82.

**Decision rationale:** The California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report right knee pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is not medically necessary.

**Mobic 7.5mg:** 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:** The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe osteoarthritis pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent right knee pain. There was no documentation of functional improvement. Based on the clinical information received, the request is not medically necessary.

**12 Sessions of psychological treatment:** 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 Page(s): 23.

**Decision rationale:** The California MTUS Guidelines utilize the ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the clinical notes submitted, the patient has been seen for individual psychotherapy sessions with [REDACTED]. The total number of treatments completed to date has not been indicated. The patient's current BDI-II score as of 11/26/2013 after ongoing psychotherapy was a score of 27, which indicates moderate depressive symptomatology. The patient continued to demonstrate a high tendency towards a fear of movement and reinjury. Based on the clinical information received, the request is not medically necessary.

**1 Follow up visit to address surgical treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office visits, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office Visits.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, the patient does not appear to be a candidate for a surgical consultation at this time. Considering the request to undergo psychological treatment, a surgical consultation does not seem warranted at this time. Furthermore, there is no documentation of a comprehensive physical examination of the right knee. Based on the clinical information received, the request is not medically necessary.