MAXIMUS Federal Services

Case Number:	CM15-0146863		
Date Assigned:	08/07/2015	Date of Injury:	12/15/2008
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female with an industrial injury dated 12-15-2008. Her diagnoses included discogenic lumbar condition with radicular component, internal derangement of the knee (right), stenosing tenosynovitis along the A1 pulley of the thumb on the right and chronic pain syndrome. Prior treatment included MRI December 2014, sacroiliac injection, Hyalgan injection to the right knee and medications. She presents on 06/22/2015 with complaints of triggering along the base of the thumb. "She had an injection about three months ago, which actually increased her pain." She was taking Flexeril for muscle spasms, Norco for pain and Lyrica for neuropathic pain. She was also taking Naproxen for inflammation and Protonix for gastritis. Objective findings noted tenderness along the base of the thumb on the right with triggering present. She also had tenderness along the right knee and low back pain. Treatment plan included Norco, Lyrica, Flexeril, Naprosyn and Protonix. Other aspects of the treatment plan included x-rays of the right knee and cortisone steroid injection for diagnostic and treatment purposes. She was currently not working.The treatment request is for: Right knee x-ray, A/P and lateral; Flexeril 10 mg #60; Cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant sustained a work-related injury in December 2008 and is being treated for low back and right thumb and knee pain. When seen, she was having increased pain after a right sacroiliac joint injection. Physical examination findings included thumb tenderness with triggering and there was knee joint line tenderness with mild swelling. Lumbar facet loading was positive. The last imaging of the knee was an MRI scan in December 2014 showing findings of a meniscal tear and chondromalacia. Previous right knee treatments have included viscosupplementation injections with temporary pain relief of a few months. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

Right knee x-ray, A/P and lateral: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic, Radiography (x-rays) and Other Medical Treatment Guidelines ACR Appropriateness Criteria: Non-traumatic Knee Pain.

Decision rationale: The claimant sustained a work-related injury in December 2008 and is being treated for low back and right thumb and knee pain. When seen, she was having increased pain after a right sacroiliac joint injection. Physical examination findings included thumb tenderness with triggering and there was knee joint line tenderness with mild swelling. Lumbar facet loading was positive. The last imaging of the knee was an MRI scan in December 2014 showing findings of a meniscal tear and chondromalacia. Previous right knee treatments have included viscosupplementation injections with temporary pain relief of a few months. Imaging of non- traumatic knee pain can include anteroposterior (AP) and lateral radiographs. The AP view can be performed with the patient either standing or supine. Standing radiographs have been reported to more accurately reflect medial and lateral joint compartment cartilage loss than supine radiographs. In this case, weight bearing x-rays are not specifically being requested and the request cannot be accepted as being medically necessary.

Cortisone injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Corticosteroid injections.

Decision rationale: The claimant sustained a work-related injury in December 2008 and is being treated for low back and right thumb and knee pain. When seen, she was having increased pain after a right sacroiliac joint injection. Physical examination findings included thumb tenderness with triggering and there was knee joint line tenderness with mild swelling. Lumbar facet loading was positive. The last imaging of the knee was an MRI scan in December 2014 showing findings of a meniscal tear and chondromalacia. Previous right knee treatments have included viscosupplementation injections with temporary pain relief of a few months. Criteria for an intra- articular knee injection include documented symptomatic severe osteoarthritis of the knee according to American College of Rheumatology (ACR) criteria and symptoms not controlled adequately by recommended conservative treatments such as exercise, acetaminophen, and NSAID medication. In this case, there is no diagnosis of severe osteoarthritis either by x-ray or fulfilling the ACR criteria. The requested intra-articular knee injection is not medically necessary.