

Case Number:	CM15-0205229		
Date Assigned:	10/22/2015	Date of Injury:	07/23/2015
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 41 year old female, who sustained an industrial injury on 7-23-2015. She reported injuries to the right ankle and right knee from a fall. Diagnoses include knee sprain-strain and ankle sprain-strain. Treatments to date include activity modification, walking boot-knee bracing, Tramadol and Omeprazole, and physical therapy. The record documented intolerance to Nabumetone due to nausea and stomach pain. On 8-24-15, she complained of ongoing pain in the right knee and right ankle. The physical examination documented minimal right ankle swelling with tenderness. The ankle range of motion was noted to not have been tested due to severe pain. The right knee was noted to have tenderness along the medial joint line and pain with varus and valgus stress tests, with no instability. The injured worker was re-evaluated on 9-21-15, with no change in reported complaints. The physical examination documented lumbar muscle spasms and guarding. The treating diagnoses included anxiety and stress, rule out meniscus tear, rule out ankle ligament tear, and rule out occult fracture of right foot. The records did not include subjective or objective documentation on mental status or complaints; however, the plan of care included initiation of Celexa 10mg daily. The records documented Tramadol and NSAIDs had been prescribed for over one month; however, the records did not include documentation of objective data to support efficacy or functional improvement. The appeal requested authorization for a psychiatric consultation and Flexeril 10mg #60. The Utilization Review dated 10-8-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The claimant sustained a work injury in July 2015 when she twisted her right knee and ankle while walking down stairs when her leg gave out. She was working as a security guard. Treatments have included a knee brace, medications, and physical therapy. In July 2015 Tylenol and nabumetone were being prescribed. In August 2015 she was having right knee and ankle pain. Tramadol, Relafen (nabumetone), and Prilosec were prescribed. When seen in September 2015, an MRI of the right knee had shown medial meniscal degeneration. She had anxiety and stress. Physical examination findings included lumbar tenderness with decreased range of motion and spasms. Celexa was prescribed and tramadol was appropriately discontinued. Flexeril 10 mg #60 was prescribed without refills. A psychological evaluation was requested. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, the claimant has been out of work for more than two months and is experiencing stress and anxiety. The results of the MRI of her knee do not suggest that surgery would be an option in her treatment. A psychological evaluation is appropriate and is medically necessary.

Flexeril 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in July 2015 when she twisted her right knee and ankle while walking down stairs when her leg gave out. She was working as a security guard. Treatments have included a knee brace, medications, and physical therapy. In July 2015 Tylenol and nabumetone were being prescribed. In August 2015 she was having right knee and ankle pain. Tramadol, Relafen (nabumetone), and Prilosec were prescribed. When seen in September 2015, an MRI of the right knee had shown medial meniscal degeneration. She had anxiety and stress. Physical examination findings included lumbar tenderness with decreased range of motion and spasms. Celexa was prescribed and tramadol was appropriately discontinued. Flexeril 10 mg #60 was prescribed without refills. A psychological evaluation was requested. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documented the presence of muscle spasms and a 30 day supply was prescribed. There request is medically necessary.