

Case Number:	CM15-0224485		
Date Assigned:	11/20/2015	Date of Injury:	12/19/2003
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/16/2015

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 39 year old female who sustained an industrial injury on December 19, 2003. Medical records indicated that the injured worker was treated for bilateral knee and hip pain. Medical diagnoses include chronic pain syndrome, reflex sympathetic dystrophy of the upper and lower limb. In the provider notes dated October 28, 2015 the injured worker complained of bilateral knee and hip pain. She has continuing pain and heaviness in both legs and increased popping in both knees. She rates her pain 10 on the pain scale without pain medications and 7 on the pain scale with pain medications. She has been using her 4 wheeled walker with brakes and has had significant improvement in mobility and ambulatory confidence. On exam, the documentation stated there was tenderness to palpation right greater than left of bilateral knees with mild swelling. There was moderate to severe tenderness to palpation of the anterior left hip with mild ecchymosis. "There is marked tenderness in the anterior glenohumeral region and across the entire upper back." The treatment plan includes medications and physical therapy. A Request for Authorization was submitted for baclofen 10 mg, unlisted therapeutic procedure, unlisted modality. The Utilization Review dated November 10, 2015 denied the request for baclofen 10 mg, unlisted therapeutic procedure, unlisted modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #180: Upheld

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): Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a work injury in December 2003 when her foot became caught in a pallet and she twisted her left knee and is being treated for chronic pain including a diagnosis of CRPS. She uses a walker and fell on 08/21/15. She was seen for an orthopedic evaluation on 10/16/15. She had fallen on the right and then left knee. Her left knee symptoms had resolved. She was having significant anterior right knee pain. Physical examination findings included an antalgic gait. There was core and quadriceps muscle weakness. There was mild tenderness. Patellar loading reproduced her symptoms. Physical therapy was requested. When seen by the primary treating provider, she had pain rated at 7/10. There was a normal body mass index. She was in mild distress with significant discomfort. There was paraspinous tenderness. There was left shoulder and upper back allodynia. She had bilateral knee and left hip tenderness. There was mild left hip ecchymosis. There was lower extremity and left knee swelling. Medications included baclofen which was refilled. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request is not considered medically necessary.

Physical therapy to bilateral knees two (2) times a week for three (3) weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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), physical therapy.

Decision rationale: The claimant has a remote history of a work injury in December 2003 when her foot became caught in a pallet and she twisted her left knee and is being treated for chronic pain including a diagnosis of CRPS. She uses a walker and fell on 08/21/15. She was seen for an orthopedic evaluation on 10/16/15. She had fallen on the right and then left knee. Her left knee symptoms had resolved. She was having significant anterior right knee pain. Physical examination findings included an antalgic gait. There was core and quadriceps muscle weakness. There was mild tenderness. Patellar loading reproduced her symptoms. Physical therapy was requested. When seen by the primary treating provider, she had pain rated at 7/10. There was a normal body mass index. She was in mild distress with significant discomfort. There was paraspinous tenderness. There was left shoulder and upper back allodynia.

She had bilateral knee and left hip tenderness. There was mild left hip ecchymosis. There was lower extremity and left knee swelling. Medications included baclofen which was refilled. In terms of physical therapy for patellofemoral syndrome, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is within the guideline recommendation. The claimant's symptoms had been present for almost two months. Impairments in strength would be expected to respond to therapy intervention in combination with a regular home exercise program. The request is considered medically necessary.