Case Number:	CM14-0199196		
Date Assigned:	12/09/2014	**Date of Injury:**	02/28/2011
Decision Date:	01/23/2015	**UR Denial Date:**	11/06/2014
Priority:	Standard	**Application Received:**	11/26/2014

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 Internal Medicine 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 patient is an injured worker with bilateral lower extremity pain. Date of injury was 2/26/11. The progress report dated September 5, 2014 documented subjective complaints of bilateral lower extremity pain. She is status post left ankle lateral ligament reconstruction on 8/6/13 and a recent graduate of [redacted] with benefit. She continues to note ongoing left ankle pain. She continues to do home exercises that she learned during the functional restoration program. The patient has no remarkable previous surgical history. Objective findings were documented. Patient is alert and oriented. Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation. Patient has antalgic gait. There is normal muscle tone without atrophy in right and left upper extremity and normal muscle tone without atrophy in right and left lower extremity. Medications included Relafen. Diagnoses were pain in joint lower leg and pain in joint ankle foot. The progress report dated October 24, 2014 documented chronic left ankle pain. Patient reports gradual worsening of her left ankle pain. She also reports that since she is leaning more on her right foot. She also feels that her right foot is becoming a little bit more affected. The patient reported anxiety symptoms. Objective findings were documented. Normal muscle tone without, atrophy in right upper extremity. Normal muscle tone without atrophy in left upper extremity. Normal muscle tone without atrophy in right lower extremity. Normal muscle tone without atrophy in left lower extremity. Patient was cooperative. The patient's mood and affect were appropriate. The patient was alert and oriented. Gait was antalgic. Patient ambulated into the room without any assistance. The treatment plan included a request for twelve follow-up visits with the psychologist. The patient has completed the [redacted]. The patient continues to be depressed. Therefore, twelve sessions of

cognitive behavior therapy in order to cope with her depression better and allow her to rehabilitate with home exercise program and diet and exercise were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 psychologist visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological evaluations; Psychological treatment Page(s): 32; 100-10.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Initial therapy for at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT cognitive behavioral therapy referral after 4 weeks if lack of progress from physical medicine alone. Initial trial of 3-4 psychotherapy visits over 2 weeks is indicated. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks are indicated. The progress report dated September 5, 2014 documented that the patient was a recent graduate of [redacted] with benefit. The progress report dated October 24, 2014 documented a request for twelve follow-up visits with the psychologist. Twelve sessions of cognitive behavior therapy were requested. Per MTUS, an initial trial of 3-4 psychotherapy visits is indicated. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks are indicated. The request for 12 visits with the psychologist and 12 sessions of cognitive behavior therapy exceed MTUS guideline recommendations, and are not supported. Therefore, the request for 12 psychologist visits is not medically necessary.

Cyclobenzaprine- Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49,Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41-42; 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine http://www.drugs.com/pro/flexeril.html

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd

Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. The progress report dated 10/24/14 documented normal muscle tone on physical examination. The patient has been prescribed the NSAID Relafen. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Cyclobenzaprine (Flexeril) is not supported. Therefore, the request for Cyclobenzaprine-Flexeril 7.5mg #90 is not medically necessary.