

Case Number:	CM14-0214921		
Date Assigned:	01/02/2015	Date of Injury:	10/29/2009
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome and chronic pain reportedly associated with an industrial injury of October 29, 2009. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve request for Norco, Flexeril, morphine, and an unloader knee brace. The claims administrator did, however, approved gabapentin. The claims administrator referenced an RFA form received on December 8, 2014 in its determination, as well as a progress note dated December 2, 2014 on which the applicant presented with multifocal complaints of neck pain, low back pain, knee pain, shoulder pain, and wrist pain. The applicant's attorney subsequently appealed. In a June 6, 2014 progress note, the applicant reported ongoing pain complaints. The applicant had been suspended by her employer, it was stated. The applicant was off of work and apparently not receiving income, it was stated in one section of the note. At the bottom of the report, the attending provider stated that the applicant was working full time. Norco and Topamax were refilled. The applicant reported multifocal complaints of neck, shoulder, low back, knee, and wrist pain. The applicant was having difficulty sleeping. The applicant had developed psychological issues with psychological stress and insomnia, it was acknowledged. On September 3, 2014 progress note, it was acknowledged that the applicant was not working. The applicant reported multifocal complaints of knee pain, low back pain, ankle pain, wrist pain, and forearm pain. The applicant had apparently sustained an ankle fracture at an unspecified point in time. The applicant had longstanding issues with neck pain, low back pain, shoulder pain, and knee pain with derivative complaints of stress, depression, and

insomnia. Morphine, Norco, Soma, Neurontin, LidoPro, and Terocin were endorsed. The applicant was reportedly having significant spasms, it was further noted. On November 5, 2014, the applicant reported persistent complaints of low back, knee, wrist, and neck pain. Once again, Norco, morphine, Neurontin, Flexeril, and topical Terocin were endorsed. The applicant was working with a limp, it was acknowledged. The attending provider stated that the applicant was working regular duty in one section of the note. A knee brace was sought on the grounds that the applicant was working with a limp. The attending provider stated that the applicant was taking her medications to remain functional but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including morphine, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represents treatment well in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Unloading right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The request for an unloading knee brace for the right knee was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is usually unnecessary. ACOEM notes that knee braces are typically necessary only if an applicant is going to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, there was no mention of the applicants climbing ladders and/or carrying boxes, either at home or work. It is further noted that the attending provider reported the applicants work status in an incongruous manner. It was not clear whether the applicant was/is working on or around the date the unloader knee brace at issue was sought, reducing the likelihood of the applicants climbing ladders and/or carrying boxes. Therefore, the request was not medically necessary.

Unloading left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Finally, the unloading left knee brace was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, knee braces are typically necessary only if an applicant is willing to be stressing the knee under load, such as by climbing ladders or carrying boxes. Here, there was no mention of the applicants climbing ladders and/or carrying boxes. The applicants work status, furthermore, was reported incongruously on multiple office visits, referenced above, reducing the likelihood of the applicants performing activities such as climbing ladders and/or carrying boxes, either at home or at work. Therefore, the request was not medically necessary.