

Case Number:	CM14-0066826		
Date Assigned:	07/11/2014	Date of Injury:	01/06/2001
Decision Date:	06/08/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 male, who sustained an industrial injury on 01/06/2001. He has reported subsequent knee pain and was diagnosed with traumatic arthropathy of the lower leg and osteoarthritis of the lower leg. Treatment to date has included oral pain medication, steroid injections and aquatic therapy. In a progress note dated 03/31/2014, the injured worker complained of increased pain with poor sleep quality. Objective findings were notable for an antalgic gait, restricted range of motion, tenderness to palpation over the medial and lateral joint lines, allodynia on the right side medially, mild effusion of the knee joints and right allodynia with palpation of the right medial ankle. A request for authorization of 12 sessions of psychology for behavioral management/pain coping skills and Soma was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of psychology for behavioral management/pain coping skills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23.

Decision rationale: This 41 year old male has complained of knee pain and leg pain since date of injury 1/6/01. He has been treated with injections, physical therapy and medications. The current request is for 12 sessions of psychology for behavioral management/pain coping skills. Per the MTUS guidelines cited above, 3-4 sessions of cognitive behavioral therapy may be tried for the treatment of chronic pain. Cognitive behavioral therapy sessions should only be continued after this if there is demonstrated functional improvement. The current request exceeds the recommended number of initial sessions. On the basis of the available medical records and per the MTUS guidelines cited above, 12 sessions of psychology for behavioral management/pain coping skills is not medically necessary.

Soma 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

Decision rationale: This 41 year old male has complained of knee pain and leg pain since date of injury 1/6/01. He has been treated with injections, physical therapy and medications to include Soma since at least 09/2014. The current request is for Soma. Per the MTUS guideline cited above, Carisoprodol, a muscle relaxant, is not recommended, and if used, should be used only on a short term basis (4 weeks or less). On the basis of the MTUS guidelines and available medical documentation, Carisoprodol is not medically necessary.