

Case Number:	CM13-0016918		
Date Assigned:	11/06/2013	Date of Injury:	09/22/2004
Decision Date:	03/25/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of September 22, 2004. A utilization review determination dated July 26, 2013 recommends non-certification of 1 Vitamin B12 intramuscular injection, 1 MRI of the bilateral knees, 1 MRI of the lumbar spine, and 1 urine drug screen. The previous reviewing physician recommended non-certification of 1 Vitamin B12 intramuscular injection due to lack of available guideline support to legitimize this treatment for chronic pain; non-certification of 1 MRI of the bilateral knees due to internal derangement already a diagnosis and lack of documentation of radiographs and exam findings that raise concern for serious pathology; non-certification of 1 MRI of the lumbar spine due to lack of documentation of red flags, serious symptoms, progressive neurological findings upon examination, and the patient being a surgical candidate; non-certification of Alprazolam ER 1mg #30 due to lack of documentation of signs, symptoms, or diagnosis to suggest or indicate the patient is suffering from anxiety; and non-certification of 1 urine drug screen due to lack of documentation of an indication to suspect ill-use, misuse, or abuse. Prescriptions for Drug Urinalysis dated July 2, 2013 and August 6, 2013 were reviewed. An Appeal letter dated August 12, 2013 identifies the patient continued to experience right shoulder pain as well as low back pain. He also continued to have bilateral lower extremity radiculopathy. He stated he was also experiencing knee pain bilaterally. Physical examination identifies tenderness over the acromioclavicular joint of the right shoulder. There was audible crepitation on overhead extension. Tenderness over the paraspinous process along with sciatic notch tenderness bilaterally. Tenderness to palpation on the medial and lateral joint line as well as patellar tendon. There was reduction in flexion. The trials of rest, time off work, therapy, medications and all other conservative methods have failed despite being afforded to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 vitamin B12 intramuscular injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B.

Decision rationale: The Official Disability Guidelines (ODG) states that vitamin B is not recommended. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. The request for 1 vitamin B12 intramuscular injection is not medically necessary and appropriate.

1 MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI.

Decision rationale: Regarding the request for 1 MRI of the bilateral knees, ACOEM Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. According to the Official Disability Guidelines (ODG) Indications for imaging -- MRI (magnetic resonance imaging): "Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, nontumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult - nontrauma, nontumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening)". Within the medical information made available for review, there is documentation of nontraumatic knee pain that has not responded to conservative treatment.

However, there is no documentation that radiographs are nondiagnostic. The request for 1 MRI of the bilateral knees is not medically necessary and appropriate.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines (ODG) states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the medical information made available for review, there are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The request for 1 MRI of the lumbar spine is not medically necessary and appropriate.

1 prescription of Alprazolam ER 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it's stated Alprazolam is prescribed for the patient's anxiety. However, there are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Alprazolam. Finally, there is no indication that the Alprazolam is being prescribed for short-term use, as recommended by guidelines. The request for 1 prescription of Alprazolam ER 1mg #30 is not medically necessary and appropriate.

1 urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The Official Disability Guidelines (ODG) recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it is clear the patient is on a controlled analgesic in the form of Hydrocodone/APAP. However, the requesting physician appears to be performing urine drug screens on nearly a monthly basis. There is no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. The request for 1 urine drug screen is not medically necessary and appropriate.