

Case Number:	CM13-0022861		
Date Assigned:	12/11/2013	Date of Injury:	10/30/2007
Decision Date:	02/19/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 Orthopedic Surgery 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. 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 claimant is a 59 year old gentleman who was injured in a work related accident on October 30, 2007. The clinical records for review included an October 24, 2013 progress report documenting a request for Fentanyl, Norco and Voltaren gel had been denied per a Peer Review discussion. The progress report noted the claimant's symptoms had been stable on the previous regimen and well controlled. It also stated, however, the claimant had not yet returned to work, but had been participating in household activities. The physical examination findings on that date demonstrated an antalgic gait with right knee diminished deep tendon reflex with a kyphotic appearance of the thoracic spine, slight atrophy to the thigh and calf and positive left sided straight leg raising. The working impression was myofascial pain, lumbago, chronic pain, cervicgia and lower extremity pain, and recommendations were for continuation of multiple medications. Recent clinical imaging or documentation of other forms of care were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back -Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the role of electrodiagnostic studies in this case would not be indicated. The claimant's condition is noted to be that of a "stable" presentation with no acute indication of new onset of radicular findings or advancement of radicular findings that would support the acute need of electrodiagnostic studies at present. The specific request for this test in absence of significant change in findings at this chronic stage in the claimant's course of care would not be indicated.

NCS: 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), Low Back -Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the role of electrodiagnostic studies in this case would not be indicated. The claimant's condition is noted to be that of a "stable" presentation with no acute indication of new onset of radicular findings or advancement of radicular findings that would support the acute need of electrodiagnostic studies at present. The specific request for this test in absence of significant change in findings at this chronic stage in the claimant's course of care would not be indicated.

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, orthopedic consultation in this case also would not be indicated. As stated above, the claimant was noted to be doing well with the current regimen with no documentation of advancement of symptoms, clinical findings or subjective complaints. This claimant's diagnosis of chronic pain appears to be well documented. There would at present be no indication for acute need of an orthopedic consultation.

Kadian 20mg ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment 2009 Guidelines, continued use of Kadian would not be indicated. The claimant at present demonstrates no discernible current working diagnosis that would support the long term use of narcotic analgesics. The claimant's physical examination appears to be stable with no indication of acute subjective complaints or documentation of advancement of function or significant benefit with chronic narcotic usage. The specific medication request in this case would not be indicated.

Voltaren Topical 1% 4gm #500gm with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment 2009 Guidelines, the role of Voltaren gel would not be indicated. While Guidelines do recommend the role of topical diclofenac, it does so for osteoarthritic changes or manifestations. The claimant's current diagnoses of chronic pain and lumbar discogenic disease would not support the role of this topical agent.

Ambien 10mg #30 with 1 refill: 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 (Chronic).

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

Decision rationale: When looking at Official Disability Guideline criteria, the role of Ambien as a sleeping aid would not be indicated. The claimant's current diagnosis of chronic pain does not support a diagnosis of insomnia which has failed other forms of first line treatment. Furthermore, the role of Ambien is only indicated for short term use and not indicated as a long term aid for insomnia or for any diagnosis of chronic pain. The specific request in this case would not be indicated

Norco 10/325mg #120 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Based on Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the continued use of Norco would appear to be medically necessary. The claimant is still utilizing narcotic analgesics in the form of Kadian and Norco. While continued use of long term narcotics would not be supported, the short term use of this agent for weaning purposes and for continued analgesic effect would be indicated for the dose prescribed. The request in this case would appear to be medically necessary