

<b>Case Number:</b>	CM13-0023181		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/16/2002
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 52 year old [REDACTED]. The patient states that she was pulling a metal box with keys when the box cleared the counter and fell to her side. It pulled her right arm and she felt a lot of pain in her low back. ). The Lower Back Area, Bilateral Ankles, bilateral Knee claims have been accepted by the carrier .Treatment has included PT, injections, TENS unit, facet rhizotomy, lumbar corset, acupuncture, medication management. MRI of the Right Knee without Contrast. 12/11/03. /Impression: No evidence of ligamentous or meniscal tear. No significant abnormality identified. MRI of the Left Knee without Contrast. 12/1/03. Impression: 1) Chondromalacia, grade II, weightbearing surface of medial femoral condyle. 2) Focal chondromalacia, grade 1, medial patellar facet. 3) No definite evidence of ligamentous or meniscal tear. MRI the Lumbar Spine without Contrast Including Adjunctive 3D MR Myelography. 12/1/03. Impression: Unremarkable noncontrast MRI of the lumbar spine. There is no significant disc bulge. The central spinal canal and neural foramina are patent at all levels. No sequelae of trauma to the lumbar spine is seen. -08/13/13; PR2; Subjective: "I injured my low back, knees, and ankles on 07/16/02 while moving a 40-50 pound box of metal equipment, and pivoted and turned my body and felt a pop in my low back followed by burning pain. "Patient complains of moderate to occasional pressure and sharp pain in the low back. Patient reports frequent to constant moderate pain in knees bilaterally. Objective: L/S tenderness to palpation about the right paravertebral muscles, spinous processes & Sacroiliac joints, Left shoulder is higher. Head & Neck are tilted to the right. Mid thoracic shift to the right. Mild antalgic on the right Hips: Tenderness to palpation of bilateral trochanter but no pain to rolling of hips bilaterally. Knees: There is tenderness at medial and lateral joint lines bilaterally; TTP of left foot plantar fascia. X-rays/Labs studies: pen

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Baseline functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 12, 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE).

**Decision rationale:** The requested baseline functional capacity evaluation is not medically necessary per ODG and MTUS guidelines. Per guidelines, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." Additionally, the ODG states that one should consider an FCE "If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive." There is no clear documentation of the reason for the FCE or documentation that the patient is planning on returning to work.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 85, 87-88, 93.

**Decision rationale:** The requested urine drug screen is medically necessary per MTUS guidelines. Per guidelines urine drug screen is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. " Additionally, the MTUS states that, "The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: (a) Opioid therapy contracts; (b) Limitation of prescribing and filling of prescriptions to one pharmacy; and (c) Frequent random urine toxicology screens." Although there is no evidence of high risk of abuse in documentation submitted, there is also no evidence that patient has had excessive urine drug screens ordered. Therefore, this is deemed medically necessary.

**Prilosec 20mg bid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Prilosec 20mg bid is not medically necessary per MTUS guidelines as the patient has no gastrointestinal risk factors present in documentation submitted. MTUS states that risk factors include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).

**Narcosoft BID prn:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** Narcosoft BID prn (#60) is medically necessary per MTUS guidelines, which recommend prophylactic treatment of constipation when on opioid therapy. Narcosoft is a laxative. A prior utilization review certified Norco 5 mg prn. It is medically appropriate to have patient on Narcosoft BID prn.

**Complete blood count (CBC) lab study:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64,70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**Decision rationale:** Complete blood count (lab study) is medically necessary per MTUS guidelines. Patient has been taking an NSAID Celebrex long term. Per guidelines "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended."

**Urinalysis (UA):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 85, 87, 93.

**Decision rationale:** The requested urinalysis is medically necessary per MTUS guidelines. Per guidelines urinalysis often used in conjunction with urine drug screen is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. "

Additionally, the MTU states that, "The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: (a) Opioid therapy contracts; (b) Limitation of prescribing and filling of prescriptions to one pharmacy; and (c) Frequent random urine toxicology screens." Although there is no evidence of high risk of abuse in documentation submitted there is also no evidence that patient has had excessive urine drug screens ordered therefore this is deemed medically necessary.

**X-rays lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** X-rays of the lumbar spine are not medically necessary per MTUS guidelines. Per MTUS guidelines, "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management." Documentation submitted reveals no red flag issues that would necessitate lumbar x-rays. There is also no documentation of how lumbar x-rays would alter patient management.

**X-rays bilateral ankles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** X-rays of the bilateral ankles is not necessary per MTUS guidelines. There is no evidence from documentation of a "red flag" issue. Therefore, bilateral ankle x-rays are not medically necessary. Per guidelines "The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle radiographic series is indicated if the patient is experiencing any pain in the Malleolar area, and any of the following findings apply: (a) tenderness at the posterior edge or tip of the lateral malleolus; (b) tenderness at the posterior edge or tip of the medial malleolus; or (c) inability to bear weight both immediately and in the midfoot area, and any of the following findings apply: (a) tenderness at the base of the fifth metatarsal; (b) tenderness at the navicular bone; or (c) inability to bear weight both immediately and in the emergency department. Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps."