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| Case Number: | CM13-0031505 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 08/25/2001 |
| Decision Date: | 08/05/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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. The expert reviewer is Board Certified in Emergency Medicine 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 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/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 with reported date of injury on 8/25/2001. No mechanism of injury was provided. Patient has a diagnosis of depression, R knee medial meniscal tear, R knee arthrosis, L knee internal derangement with degenerative joint disease. Patient is post R knee arthroscopy, partial meniscectomy, debridement of patella and femoral condyle (3/3/1998) and post L knee arthroscopy with chonfral debridement, synovectomy and partial medial meniscal debridement (3/29/06). Patient is also post L total knee arthroplasty on 4/14/07. Medical records from primary treating physician and consultants reviewed. Last record available until 8/20/13. Complaint and exam note is very brief. Patient complains of bilateral knee pain. R leg is worst than L side. Pt also complains of burning pain down bottom of R foot extending to R hip. Objective findings reveal slight varus/valgus laxity on flexion. X-rays were reportedly done but date of exam was not provided. It may have been done on 8/20/13 during that office visit. X-rays of both knees shows athroplastics with no osteophytes. Pelvis X-ray show minimal collapse of ace tabular cartilaginous lining. Minimal sclerosis noted. Medications include naproxen, Tramadol ER, Zolpidem and Omeprazole. Utilization review is for NCV of bilateral lower extremities, EMG of bilateral lower extremities, Naproxen 550mg #100, Zolpidem 10mg #30, Omeprazole 20mg #100, X-ray of Pelvis and 3 phase bone scan. Prior UR on 9/23/13 recommended non-certification of the UR imaging and medications. UR modified naproxen prescription to 60tablets. It approved prescription of urine drug screen and modified a prescription for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: NCV is Nerve Conduction Velocity study. As per ACOEM Guidelines Electrical studies are not recommended without evidence of entrapment neuropathies. Pt has burning foot pain radiating to hip and chronic bilateral knee pains. The documentation does not provide any exam to test for neuropathy, no motor exam and no sensory exam. The documentation does not provide rationale or evidence to support NCV. This test is not medically necessary.

1 EMG OF THE LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As per ACOEM guidelines, Electromyograms (EMGs) may be useful in determining root dysfunction and to detect subtle radiculopathy. The history and physical exam provided does not support radicular signs of symptoms. There is no straight leg raise test, no neurological exam or any exam to support nerve root dysfunction. EMG is not medically necessary.

NAPROXEN 550 MG, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NSAIDs(Non-steroidal anti-inflammatory drugs)> Page(s): <67>.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. The documentation does not provide any pain scale or activity of daily needed to determine effectiveness of naproxen. Pt appears to have been using naproxen for a long term and has "stomach upset". Without documentation of effectiveness and close monitoring for adverse effects, Naproxen is not medically recommended.

ZOLPIDEM 10 MG, #30: 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).

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

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any direct assessment of Zolpidem of insomnia due to pain. Zolpidem is a benzodiazepine used for insomnia. As per ODG, Zolpidem is recommended only for short term use of less than 7-10 days. If insomnia does not improve, other underlying problems including physical or psychiatric should be managed. Pt is already on Zolpidem and as per reports; pt appears to have been on it for many months. There is no documentation of the effectiveness of Zolpidem on this patient and there is no documentation of side effects or if the use of this medication is chronic or intermittent. Chronic use is not appropriate and the prescription is excessive for short term use or tapering. The prescription for Zolpidem is not appropriate and is not medically recommended.

OMPEPRAZOLE 20 MG, #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks> Page(s): <68-69>.

Decision rationale: Omeprazole is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. Patient is chronically on Naproxen and requesting physician states that Omeprazole was for "stomach upset" on several prior records. Stomach upset is likely related to dyspepsia. Pt meets criteria for PPI in patient on NSAIDs.

1 X-RAY OF THE PELVIS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Hip & Pelvis(acute and chronic)>, <X-Ray>.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any specific chapter or topics related to his issue. As per ODG, X-rays may be recommended in patients at high risk of hip osteoarthritis. Pt had new worsening R knee pain and R foot pain radiating to R hip. X-ray of Pelvis to screen for R hip osteoarthritis is warranted. X-ray of Pelvis is medically necessary.

3 PHASE BONE SCAN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Knee and Leg(acute and chronic)>, <Bone Scan(radioisotope bone scanning)>.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any specific chapter or topics related to his issue. As per ODG, bone scan may be recommended if loosening of implant is suspected. It may be recommended after a negative X-ray for loosening and ruling out infection. Note from 4/23/13 mentions that bone scan was for concern for loosening but X-rays were negative. Patient meets criteria for bone scan. 3 phase bone scan is medically necessary.