

Case Number:	CM13-0037803		
Date Assigned:	02/03/2014	Date of Injury:	04/27/2010
Decision Date:	04/23/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 59 year-old female with a date of injury of 4/27/10. The listed diagnoses per [REDACTED] are status post knee scope on 7/23/11, status post left ankle extensive debridement on 2/22/13, lumbar spine strain, bilateral lower extremity radiculopathy, right shoulder strain, cervical spine strain with radiculopathy, head contusion/trauma, right ankle strain/osteoarthritis, and left ankle osteochondritis dissecans, degenerative joint disease, and painful gait. According to the report dated 9/3/13 by [REDACTED], the patient presents with continued complaints of left knee, left ankle, and low back pain. The pain in his knee has increased and now the left knee will lock up. The patient also notes an increase in low back pain and right ankle pain. His gait is abnormal, which affects his low back. There is no further examination provided. The report dated 7/26/13 states that the patient is attending physical therapy for his ankle and is able to walk and stand more, but not back to pre-injury status. Recurrent swelling and numbness is noted. The report from 5/20/13 states that the patient presents with continued complaints of the left ankle. He has a tingling sensation on dorsum of feet and numbness in the toes. The patient also continues of muscle spasm in the lower spine accompanied by persistent pain. He is requesting a refill of medications which include Senna, Flexeril, Ultram, Prilosec, and a transdermal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE LUMBAR SPINE: Upheld

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): 58-59.

Decision rationale: This patient presents with continued complaints of left knee, left ankle, and low back pain. The primary treating physician requests six sessions of chiropractic care. The MTUS guidelines recommend a trial of six visits over two weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be authorized. For reoccurrences/flare-ups, the patient should be reevaluated. If return to work is achieved, then 1-2 visits every 4-6 months may be authorized. In this case, review of medical records show this patient received chiropractic care in 2010. The report states that the patient underwent final chiropractic evaluation and was discharged on 10/15/10. The number of treatments or the results they produced were not provided for review. This request, therefore, is not for an initial trial of chiropractic treatment. This request exceeds what is allowed for reoccurrences/flare-ups, and there is no evidence that this patient has returned to work. The request is noncertified.

ULTRAM: Upheld

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): 60-61, 80-81, 88-89.

Decision rationale: This patient presents with continued complaints of left knee, left ankle, and low back pain. The primary treating physician is requesting a refill of Ultram. Review of the Request for Authorization and multiple progress reports do not provide the quantity or dose that is being prescribed. The MTUS Guidelines state that central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Review of the medical records show that this patient has been prescribed Tramadol since 11/23/10. The records provided for review do not discuss what Tramadol is doing for this patient in terms of pain and function. No numerical scale has been used to assess pain and function as required by MTUS. Given the lack of required documentation for chronic use of opiates, the request is noncertified.

PRILOSEC: Upheld

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): 69.

Decision rationale: This patient presents with continued complaints of left knee, left ankle, and low back pain. The primary treating physician has requested Prilosec. The MTUS guidelines state that Omeprazole is recommended with precautions as indicated below: 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors; 2) Determine if the patient is at risk for gastrointestinal events; (3) The patient's age is less than 65 years; (4) History of peptic ulcer, GI bleeding, or perforation; and/or (5) Concurrent use of ASA, corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. In this case, on 3/18/11 [REDACTED] requested a referral to an internal medicine physician due to gastritis/abdominal pain/constipation. However, the primary treating physician does not provide a GI risk assessment. Reports from 2/3/13 to 9/3/13 do not show any gastric irritation, peptic ulcer history, no concurrent use of ASA, etc. In addition, the patient is not noted to be taking any NSAIDs. The requested Prilosec is not medically necessary.

FLEXERIL: Upheld

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): 64.

Decision rationale: This patient presents with continued complaints of left knee, left ankle, and low back pain. The primary treating physician has requested Flexeril. The MTUS guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Their efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence. In this case, the medical records indicate that the patient has been prescribed Flexeril since 11/23/10. Muscle relaxants are recommended for short-term use only. The request is noncertified.

SENNA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

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

Decision rationale: This patient presents with continued complaints of left knee, left ankle, and low back pain. The primary treating physician has requested a refill of Senna for patient's constipation. The MTUS guidelines discuss prophylactic medications for constipation when opiates are used. In this case, the medical records indicate that this patient has been taking opiates on a long term basis. The requested Senna is medically necessary.

PODIATRIST CONSULTATION FOR THE RIGHT ANKLE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with continued complaints of left knee, left ankle, and low back pain. The primary treating physician has requested a referral for a podiatrist consult for the patient's continued left ankle complaints. The ACOEM states that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The patient is status post right ankle debridement dated 2/22/13. The patient continues with persistent pain, swelling, and numbness despite conservative care. At this juncture a podiatrist consult may be warranted for further additional expertise. The request is certified.

ORTHOPEDIC FOLLOW UP FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with continued complaints of left knee, left ankle, and low back pain. The primary treating physician has requested an orthopedic follow-up for the patient's continued left knee complaints. The ACOEM states that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This patient is status post left knee scope dated July 2011, with continuous symptomatology. Given that the patient has trialed conservative treatment with increased pain and locking up of the knee, an orthopedic consult is reasonable at this juncture. The request is certified.