

Case Number:	CM14-0001522		
Date Assigned:	03/21/2014	Date of Injury:	07/05/2013
Decision Date:	06/13/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/05/2014

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 and Pain Management, 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:

This patient is a 51-year-old male with date of injury 07/05/2013. Per treating physicians report 11/27/2013, the patient presents with cervical, lumbar, bilateral knee, ankle, and feet pains with the listed diagnoses of: 1. Cervical spondylosis without myelopathy. 2. Lumbar spondylosis with myelopathy. 3. Chondromalacia of patella bilaterally. 4. Bursitis of the bilateral knees. 5. Tear of the medial meniscus of the bilateral knees. 6. Bilateral plantar fasciitis and calcaneal spurs. 7. Tendonitis, bursitis, and capsulitis of the feet. Recommendation was for work hardening for 10 visits. The treating physician indicates that the patient satisfied the ACOEM Guidelines requirements for work hardening program. The goal is to increase the patient's work capacity, increase activities of daily living, decrease work restrictions, decrease the need for medication, decrease the visual analog scale rating, decrease swelling, increase measured active range of motion. The patient was also prescribed naproxen and the request was for surgical orthopedic consultation for examination of bilateral knees. Treating physician's report from 10/16/2013 is also reviewed. It recommends physical medicine for 6 additional visits, also MRI 3D of the lumbar spine. The 09/11/2013 report is also reviewed with presenting symptoms in the cervical, lumbar, bilateral knees and ankle/feet as before. Under treatment discussion, functional improvement has been shown by increased range of motion of lumbar spine, decreased pain from 7.0 to 5.5 and the recommendation was for another 6 visits. However, plan was to order 3D MRI of the bilateral knees. Patient was prescribed tramadol, naproxen, topical combination cream, multi interferential stimulator, MRI 3D of the bilateral knees, qualified functional capacity evaluation. The request for work hardening program and naproxen were denied by utilization review letter 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 WORK HARDENING PROGRAM VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-WORK CONDITIONING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

Decision rationale: This patient presents with pain in the neck, low back, bilateral knees, and bilateral ankle and feet. The treating physician has asked for 10 sessions of work hardening program with the goals to improve the patient's function and pain overall. MTUS Guidelines does allow work hardening programs if it is realistic that the patient would return to work and there was work available. Furthermore, the patient must not be a candidate for surgery or other treatments that will clearly be warranted to improve function. In this patient, the treating physician on the same date that he is asking for work hardening program, has asked for orthopedic consultation to address the patient's bilateral knees. Furthermore, in the prior visitation, the treating physician has asked for MRI of the lumbar spine 3D as well as MRI of the bilateral knees 3D. It appears that the patient has ongoing recommendations for medical treatments including potential surgery of the bilateral knees. The patient recently completed physical therapy. It would appear based on review of the reports. The goals that the treating physician is providing for, the work hardening does not appear to be any different than the goals for additional physical therapy. The treating physician does not go into any discussion regarding how realistic it is for the patient to return to work and whether or not work is available for this patient to return to. The request is not medically necessary and appropriate.

NAPROXEN SODIUM 550MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: This patient presents with chronic neck, low back, bilateral knees, and ankles/feet pain. The request is for naproxen 550 mg #90. MTUS Guidelines does support Non-Steroidal Anti-Inflammatory Drugs (NSAID) for chronic musculoskeletal pain at least for short term. In this case, the treating physician has been prescribing these medications without any documentation of pain and function. MTUS Guidelines page 60 requires documentation of pain and function when medication is used for chronic pain. Despite review of multiple reports from the treating physicians including 09/11/2013, 10/16/2013, and 11/27/2013 reports, there is not a single discussion regarding whether or not naproxen is actually being taken, and with what efficacy for the patient's pain and function. Given the lack of appropriate documentation

demonstrating pain and functional changes, the request is not medically necessary and appropriate.