

Case Number:	CM14-0003320		
Date Assigned:	01/31/2014	Date of Injury:	04/17/2009
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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:

The patient is an [REDACTED] employee who has filed a claim for internal derangement of the left knee and lumbar spine musculoligamentous injury associated with an industrial injury of April 17, 2009. Review of progress notes low back pain with radiation of pain to the mid back, and stiffness. There is also left knee pain with radiation of pain, burning, and stiffness. Medications only help control pain temporarily. Findings include tenderness of the lumbar area and left knee with limited range of motion. Lumbar MRI dated April 12, 2012 showed multi-level disk bulges effacing the thecal sac and bilateral transiting nerve roots with bilateral neural foraminal stenosis encroaching the bilateral exiting nerve roots and multi-level facet arthrosis. MRI of the left knee from February 21, 2012 showed subchondral cyst of the lateral tibial spine measuring 4 mm in diameter. An x-ray of the left knee in June 21, 2012 showed minimal narrowing of the medial compartment. An electrodiagnostic study of the lower extremities from May 11, 2012 showed no evidence of radiculopathy or neuropathy. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, gabapentin, Fioricet, topical creams, Prilosec, glucosamine, chiropractic treatment, physical therapy, and lumbar trigger point and epidural steroid injections. Of note, patient has had surgery to the right knee. Utilization review dated December 24, 2013 indicates that the claims administrator denied a request for a trial of Ultram as guidelines for initiating a trial of opioid medication have not been met; lumbar MRI as there is no documentation of significant change in the patient's presentation since the initial MRI; left knee MRI as patient has not undergone a surgical procedure recently; and naproxen as patient experiences heartburn and patient does not present with symptoms of osteoarthritis in the recent examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRAM 50MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-81.

Decision rationale: According to pages 76 to 81 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. There is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is documentation of use of this medication from January 2010 to February 2012, with documentation of Vicodin, thereafter. It is not documented as to when the patient has been taken off opioids, as recent progress notes do not report use of it. There is no documentation of failure of non-opioid analgesics as this patient has been on NSAID therapy with no description regarding worsening of symptoms, or expected objective outcomes to be gained from opioid therapy. It is unclear as to why re-initiation of opioids is necessary in this patient. Therefore, per the guideline recommendations of CA MTUS the request for Ultram 50mg #90 is not medically necessary.

MRI OF THE LUMBAR SPINE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, lumbar MRIs are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture; uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if severe or progressive neurologic deficits, with prior lumbar surgery, or with cauda equina syndrome; or myelopathy -- traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease or oncology patient. In this case, recent progress notes do not document findings to meet the criteria as listed above. There is no significant worsening of symptoms referable to the lumbar spine since the previous MRI.

Therefore, per the guideline recommendations of ODG, the request for MRI of the lumbar spine is not medically necessary.

MRI OF THE LEFT KNEE: 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), Knee and Leg (Acute & 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 chapter, MRIs (magnetic resonance imaging).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, knee MRIs are recommended in patients with acute trauma to the knee or with suspicion of posterior knee dislocation or ligament or cartilage destruction; nontraumatic knee pain with initial nondiagnostic radiographs with anterior patellofemoral symptoms and suspicion of internal derangement, or with normal findings or joint effusion and suspicion of internal derangement; or nontraumatic knee pain with initial radiographs demonstrating evidence of internal derangement. Repeat MRIs are recommended post-surgically to assess knee cartilage repair tissue. Routine use of MRI for asymptomatic patients following knee arthroplasty is not recommend. In this case, there is no documentation regarding changes or worsening of left knee symptoms since the previous MRI and x-ray in 2012. Repeat MRI of the left knee is not indicated at this time. Therefore, per the guideline recommendations of ODG, the request for MRI of the left knee is not medically necessary.

1 PRESCRIPTION OF NAPROXEN 550MG #60: 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): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. Patient has been on this medication since May 2010, and then use of ibuprofen from October 2010 until 2012. Patient was again restarted on naproxen since at least June 2013. Progress notes from 2010 up until the latest progress note indicate symptoms of upset stomach with use of naproxen. There is also no evidence of long-term effectiveness of this medication. Therefore, per the guideline recommendations of CA MTUS, the request for naproxen 550mg #60 is not medically necessary.

