

Case Number:	CM14-0004574		
Date Assigned:	02/05/2014	Date of Injury:	04/25/2010
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation 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 has filed a claim for lumbar pain, pelvic pain, and bilateral knee pain and internal derangement associated with an industrial injury of April 25, 2010. Thus far, the patient has been treated with opioids, topical cream, and NSAIDs. Review of progress notes indicate that EMG/NCV of the lower extremities performed November 27, 2013 showed severe multifocal motor neuropathy. Lumbar x-ray from April 2013 showed moderate degenerative changes at L5-S1, mild degenerative changes at L4-5, multilevel disc bulges with thecal sac narrowing and neuroforaminal narrowing. Pelvic x-ray showed mild degenerative changes of the right hip. Knee x-ray showed mild narrowing of the medial knee joint and right knee lateral patellar tilt. MRI from September 2013 showed a tear of the medial meniscus and lateral meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST, TRAMADOL (ULTRAM),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the Chronic Pain Medical Treatment Guidelines, 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. In this case, there is no documentation regarding how long the patient has been taking this medication, any objective improvements derived, and periodic urine drug screens to monitor the use of this medication. Therefore, the request for tramadol was not medically necessary per the guideline recommendations of CA MTUS.

NCV RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NERVE CONDUCTION STUDIES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Nerve Conduction Studies (NCS).

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, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient has had EMG/NCV of the lower extremities in November 2013 showing multifocal motor neuropathy. There is no documentation regarding the patient's symptoms and thus no indication as to why a repeat NCV is necessary. Therefore, the request was not medically necessary per the guideline recommendations of ODG.

NCV LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NERVE CONDUCTION STUDIES,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Nerve Conduction Studies (NCS).

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, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient has had EMG/NCV of the lower extremities in November 2013 showing multifocal motor neuropathy. There is no documentation regarding the patient's symptoms and thus no indication as to why a repeat NCV is necessary. Therefore, the request was not medically necessary per the guideline recommendations of ODG.

NAPROSYN CREAM 15% 240GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, the only FDA approved topical NSAID agent is Voltaren Gel 1%. Topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints amenable to topical treatment for 4-12 weeks. This medication is not FDA approved, and there is no indication as to failure of or intolerance to first-line pain medications. Therefore, the request for Naprosyn cream 15% was not medically necessary per the guideline recommendations of CA MTUS.

COMPUTER RANGE OF MOTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, Computerized Muscle Testing.

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. As noted in ODG Knee & Leg chapter, computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. It is an unneeded test. There is no documentation describing the deficits of the patient's lower extremities. There is no clear indication for this procedure. Therefore, the request for computerized range of motion was not medically necessary per the guideline recommendations of ODG.