

Case Number:	CM14-0006180		
Date Assigned:	06/11/2014	Date of Injury:	10/09/2012
Decision Date:	07/31/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Orthopedic Surgery 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 52-year-old female who sustained multiple orthopedic injuries on October 09, 2012. The clinical records provided for review document injuries to the claimant's left knee, left shoulder, neck and low back. The report of a cervical MRI dated October 26, 2013 identified a focal disc protrusion at the C4-5 level with the exiting nerve roots noted to be unremarkable. The report of a lumbar MRI dated October 26, 2013 showed a disc protrusion at the L4-5 level resulting in bilateral foraminal stenosis and encroachment with facet hypertrophy. The progress report of October 28, 2013 noted continued complaints of pain in the neck, low back and bilateral shoulders. Physical examination documented findings of tenderness to palpation of the cervical and lumbar spine, restricted shoulder range of motion, normal strength of the upper extremities with a sensory deficit in a C6-C7 right sided dermatomal distribution. There were also lower extremity sensory deficits on the left at L4 and L5. Physical findings of the claimant's knee were not noted. The report of a postoperative MRI of the left knee dated November 02, 2013 identified signal change of the posterior horn of the medial meniscus consistent with prior surgical intervention, an medial collateral ligament (MCL) strain and increased signal to the lateral horn of the medial meniscus. The January 02, 2014 electrodiagnostic study of the bilateral lower extremities showed no evidence of acute radiculopathy. The progress report dated July 07, 2014 documented that the claimant is status post a May 20, 2013 left knee arthroscopy with partial mediolateral meniscectomy; postoperatively the claimant is performing home exercises and using Tramadol. There are current requests for epidural steroid injections at the right C4-5 level and left C4-5 level, request for a left shoulder arthroscopy, rotator cuff repair and subacromial decompression, the continued use of topical compounding creams, Prilosec and request for an MRI scan of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec: NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support the continued use of Prilosec. The documentation provided for review does not identify any GI risk factor that would support the continued use of Prilosec as recommended by guidelines. Without documentation of a significant GI risk factor, the use of this agent would not be supported. Therefore, the request is not medically necessary.

Right C4-5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support the request for a cervical C4-5 epidural steroid injection. The medical records provided for review do not identify any evidence of compressive pathology at the C4-5 level. There is no indication of compressive findings on imaging or electrodiagnostic testing. Guidelines recommend that radiculopathy must be present on both physical examination and corroborated by imaging and/or electrodiagnostic studies. Without documentation of the above, the epidural injection would not be supported. Therefore, the request is not medically necessary.

Left L4-5 Epidural Steroid Injection with Epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines also do not support the request for an epidural steroid injection on the left at L4-5. The lumbar MRI report fails to demonstrate compressive pathology and there is no evidence of radiculopathy on the electrodiagnostic studies. Without documentation of radiculopathy on physical examination that is corroborated on imaging studies and/or electrodiagnostic testing, the acute need of an L4-5

epidural steroid injection would not be indicated. Therefore, the request is not medically necessary.

Left Shoulder Arthroscopy, Repair Versus Debridement of Partially Torn Rotator Cuff, Acromioplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The ACOEM Practice Guidelines do not support the request for a left shoulder arthroscopy. Presently there is no imaging report of the shoulder available for review and there is no documentation of recent conservative treatment. The ACOEM Practice Guidelines recommend three to six months of conservative care including injections prior to consideration for proceeding with surgery. Without documentation of prior conservative measures or formal imaging for review, the acute need of shoulder surgery would not be indicated. Therefore, the request is not medically necessary.

Transdermal Analgesics and Anti-Inflammatory Compounds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support the use of topical compounding agents. Guidelines state that topical compounds are largely experimental with randomized clinical trials not demonstrating their long-term efficacy or benefit. Records in this case fail to demonstrate the use of first line agents from an oral standpoint. There is currently no documentation to support the role of topical compounding agents as requested. Therefore, the request is not medically necessary.

Fluriflex Compound Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support the use of topical compounding agents. According to the guidelines, topical compounds are largely experimental with randomized clinical trials not demonstrating their long-term efficacy or

benefit. Records in this case fail to demonstrate the use of first line agents from an oral standpoint. There is currently no documentation to support the role of topical compounding agents as requested. Therefore, the request is not medically necessary.

An MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341,343.

Decision rationale: The ACOEM Practice Guidelines do not support the request for an MRI scan of the left knee. While this individual is noted to be status post a left knee arthroscopy and meniscectomy in 2013, there is already a postoperative MRI scan of the knee available for review from November 2013. Without documentation of a significant change in symptoms or findings suggestive of significant pathology, a repeat MRI in the postoperative setting would not be supported. Therefore, the request is not medically necessary.