MAXIMUS Federal Services

Case Number:	CM14-0009346		
Date Assigned:	02/12/2014	Date of Injury:	03/26/2013
Decision Date:	07/31/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/22/2014

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 a 50-year-old male who has filed a claim for left knee sprain/strain associated with an industrial injury date of March 26, 2013. Review of progress notes indicates worsening left knee pain, neck pain radiating to the left upper extremity, left shoulder pain, and low back pain radiating to the bilateral lower extremities. Findings include decreased ranges of motion of the lumbar spine and left knee, tenderness along the lumbar paraspinals and knee joint lines, decreased sensation at the anterolateral aspect of an incomplete nature at bilateral L3 to S1 dermatomes, weakness of the bilateral big toe dorsiflexors and plantarflexors, positive straight leg raise test, positive McMurray's test, and positive chondromalacia patella compression. Electrodiagnostic studies dated November 21, 2013 showed C5-6, L4-5, and L5-S1 radiculopathy; and bilateral carpal tunnel syndrome. MRI of the lumbar spine dated January 25, 2014 showed multilevel degenerative changes, most significant at L2-3, with a disc bulge causing mild spinal canal stenosis and facet hypertrophy causing mild bilateral neuroforaminal stenosis. MRI of the cervical spine showed multilevel degenerative changes, most significant at C5-6, with a disc osteophyte complex causing moderate spinal canal stenosis and findings consistent with mild cord edema versus chondromalacia; and multilevel disc desiccation. MRI of the left shoulder showed tearing of the supraspinatus tendon and labrum, and moderate osteoarthrosis of the AC joint. MRI of the left knee dated November 14, 2013 showed myxoid degeneration of the posterior horn of the medial meniscus. MRI arthrogram of the left knee dated December 19, 2013 showed partial ACL tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. This patient has had at least 75 physical therapy sessions, but there is no documentation describing these sessions, or of significant benefits derived from them. Also, the patient should have been instructed in home exercises by this time. The requested body part to which these sessions are directed to is not indicated as well. Therefore, the request for 12 physical therapy visits was not medically necessary.

An MRI arthrogram of the left knee: Upheld

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

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, MR arthrography.

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, MR arthrography is recommended as a post-operative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this case, the patient has not had surgery to the left knee to support this request. Also, the patient had previous left knee MRI, and there is no indication as to the necessity of an additional imaging study at this time. Therefore, the request for MRI arthrogram of the left knee was not medically necessary.

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) 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. Patient has been on this medication since at least November 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for naproxen 550mg #90 was not medically necessary.

Omeprazole 20mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. There is no documentation as to when this patient was started on this medication. However, there is no documentation of the abovementioned risk factors in this patient to support the use of this medication. Therefore, the request for omeprazole 20mg #45 was not medically necessary.

Tramadol 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management pages Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS 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. Patient has been on this medication since April 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Therefore, the request for tramadol 50mg #120 was not medically necessary.

Fioricet #90: 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 Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Page 23 of CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. There is no documentation as to when this patient was started on this medication. However, there is no documentation of headaches in this patient to support the use of this medication. Therefore, the request for Fioricet #90 was not medically necessary.