

Case Number:	CM14-0100747		
Date Assigned:	07/30/2014	Date of Injury:	08/10/1979
Decision Date:	09/16/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 64-year-old male who reported an injury on 08/10/1979 due to a slip and fall. The injured worker's diagnoses were lumbar radiculopathy, chronic pain syndrome, bilateral knee pain, bilateral knee internal derangement, myofascial pain syndrome, neuropathic pain, chronic pain related depression and prescription narcotic dependence. The injured worker's past treatments included a series of 5 injections of hyaluronic acid injections to both knees in 09/2009, a bilateral cortisone injection 1 to each knee in 02/2010, a series of 3 Synvisc injections to each knee in 03/2010, Transcutaneous electrical nerve stimulation (TENS) therapy, and a series of 5 hyaluronic injections to the right knee dated 01/2012. Prior treatment also included physical therapy, medication therapy and acupuncture. No prior diagnostics submitted for review. There was no documentation for surgical history. A urine drug screen performed on 09/20/2013 was inconsistent due to the presence of marijuana, cyclobenzaprine and Amitriptyline/Nortriptyline which were not prescribed. Other prior urine drug screens performed on 10/30/2013 and 12/19/2013 revealed inconsistent result as it was positive for Cyclobenzaprine which was not a prescribed medication at the time. On 03/27/2014, the injured worker underwent another urine drug screen which revealed inconsistent results of Cotinine and Nicotine. The report also indicated inconsistent results of the presence of hydrocodone for which it indicated there was not a prescribed medication listed for this finding. However, it was listed the injured worker was taking Vicodin, Norco, Lortab and Lorcet. Urine drug screen performed on 04/16/2014 revealed inconsistent results with Morphine being positive but this was not listed on the prescribed medications for the injured worker. The injured worker complained of pain in both of the knees and low back and rated the pain at 7/10 without pain medication and 5/10 with pain medication. On physical examination dated 04/16/2014, the injured worker reported

significant low back pain relief with the TENS unit. The injured worker reported pain score of 3/10 with the use of the TENS unit. The injured worker also reported significant pain relief with the hyaluronic injections to both knees. The injured worker's medications were Norco and Medrox patch. The provider's treatment plan was to start the injured worker on ibuprofen 800 mg, perform a urine drug screen, Vicodin 5/500, Gablofen, open MRI for the bilateral knees, and a B-12 injection. The rationale for the request was not submitted with the documentation. A request for authorization form was dated 04/16/2014 was provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one urine drug screen between 4/16/2014 and 8/1/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: According to the California MTUS, drug testing is recommended as an option using a urine drug screen to assess for the use of or the presence of illegal drugs. Drug testing can be used to take steps before a therapeutic trial of opioids and for ongoing management of opioids differentiation between dependence and addiction. The injured worker had a urine drug screen done on 04/16/2014 which tested positive for morphine and there is a lack of documentation that indicates that morphine was part of the injured worker's medication regimen. However, the urine drug screen performed on 03/27/2104 was consistent with the injured worker's prescribed medication which included hydrocodone. As the prior urine drug screen performed less than a month prior to the 04/16/2014 screen was consistent with the prescribed medication which would not support repeating the screen less than a month later. A urine drug screen would have been appropriate given the inconsistent results from 04/16/2014; however, the clinical information provided did not support the necessity of the 04/16/2014 screen prior to it being performed. Therefore, the request as submitted for one urine drug screen between 4/16/2014 and 8/1/2014 is not medically necessary.

Vicodin 5/500MG #90 between 4/16/2014 and 8/1/2014: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of extent of pain relief, functional status in regard to activities of daily living,

appropriate medication use and/or aberrant drug taking behaviors, and any adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioids, how long it takes for pain relief, and how long pain relief lasts. The documentation submitted for review indicated that the injured worker continued to have chronic pain in his low back and his bilateral knees. He rated the pain at a 7/10 without medications and a 5/10 with medications. The clinical documentation provided failed to indicate if the injured worker had functional improvement and the documentation did not provide a pain assessment that included the least reported pain over the period since last assessment and how long the pain relief lasts. Therefore, despite evidence of decreased pain control, in the absence of functional improvement with activities of daily living and a pain assessment to indicate the efficacy of the medication in terms of how long the pain relief lasts, the criteria for ongoing use of opioid medication has not been met. The clinical information provided also noted the requested medication was no longer effective. The request also failed to provide the frequency of the medication. As such, the request for Vicodin 5/500 MG #90 between 4/16/2014 and 8/1/2014 is not medically necessary.

Gablofen 240 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: The injured worker complained of a pain score 8/10 without medication and 4/10 with medication. The California MTUS Guidelines recommend non-sedating muscle relaxants with causation as a first line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines notes that muscle relaxants are recommended for short-term use of 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension and increase mobility; however, most low back pain cases show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in overall improvement. There is a lack of documentation as to the rationale for the provider requesting the Gablofen injections versus the oral baclofen therapy. Efficacy of this medication was not provided to support continuation. There was a lack of muscle spasms documented on examination to support the necessity of the request. In addition, the request failed to mention a frequency of the proposed medication. As such, the request for Gablofen 240 gm is not medically necessary.

Open MRI of the bilateral knees between 04/16/2014 and 8/1/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to California MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues have been ruled out. Relying only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion a false positive test results because of the possibility of identifying a problem that was present before symptoms began and therefore, has no temporal association with the current symptoms. The injured worker complains of knee pain bilaterally and rates pain at a 7/10 without medication and a 5/10 with medication. The injured worker has also received for past treatment hyaluronic injection on both knees, a series of 5, as well as cortisone injection to bilateral knees. There is a lack of documentation indicating a course of physical therapy or other conservative measures attempted. There was a lack of examination findings pertaining to the bilateral knees that would be suspicious of pathology requiring an MRI. In the absence of any documentation of conservative care attempted and/or any red flag occurrences, the request for open MRI of the bilateral knees between 04/16/2014 and 8/1/2014 is not medically necessary.

One B12 injection between 4/16/2014 and 416 2-14: 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 Official Disability Guidelines (ODG) Pain, Vitamin B and Other Medical Treatment Guideline or Medical Evidence: webmd.com; vitamin b-12.

Decision rationale: According to the Official Disability Guidelines, vitamin B is not recommended but is frequently used for treating peripheral neuropathy but its efficacy is not clear. There is only limited data and randomized trial testing for the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. WebMD states if pernicious anemia or a problem with absorption is the cause, vitamin B12 will need to be replaced, usually by injection, or by prescription. There is no documentation provided for review of the injured worker having any peripheral neuropathy or vitamin B12 deficiency to include pernicious anemia or a problem with absorption as being the cause. Also, the efficacy of this medication is unclear. The request is not supported per Guidelines. As such, the request for one B12 injection between 4/16/2014 and 416 2-14 is not medically necessary.