

Case Number:	CM14-0104711		
Date Assigned:	09/05/2014	Date of Injury:	09/08/2008
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/07/2014

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 and 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 52-year-old male who reported an injury on 09/08/2008 caused by an unspecified mechanism. The injured worker's treatment history included MRI studies of the hip, MRI of the lumbar spine, EMG study, medications. The injured worker had undergone an MRI of the lumbar spine on 08/15/2012 that revealed at L5-S1, there was a 5 mm broad based disc protrusion with mild foraminal narrowing and possible impingement on the exiting nerve roots bilaterally. No change from prior study. At L4-5 and L3-4, there was a 2 to 3 mm disc protrusion with foraminal narrowing, central canal stenosis, and impingement on the exiting nerve roots as described. The disc had slightly decreased in size at L4-5 and remained unchanged at L3-4 level. At L2-3, a 2 to 3 mm disc protrusion with left sided foraminal narrowing and impingement on the exiting nerve roots on the left without significant interval change from prior study. The injured worker was evaluated on 07/31/2014, and was documented that the injured worker complained of left shoulder, right knee, and back pain. It was noted that the right knee was worsening. Back pain was mostly the same. The left hip pain was 3/10 to 5/10, right hip was 2/10 to 6/10, right knee was 5/10 to 7/10 and left shoulder was 7/10 to 10/10, and back pain was 7/10 to 10/10. The findings revealed tenderness to the left trap and medial border of the left scapula. Straight leg raise was positive. Limited range of motion. Diagnoses included lumbar spine myofascitis with radiculitis, s/p left hip A/S, and s/p left knee arthroscopic surgery. Medications were not listed on progress report dated 07/31/2014. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for date of service 06/05/2014: Soma, 350 mg, # 90 with 1 refill:

Upheld

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

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

Decision rationale: The requested retrospective for date of service 06/05/2014: Soma 350 mg #90, with 1 refill is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines do not recommend Soma to be used for long-term use. The request failed to include duration and frequency. Given the above, the request for Soma 350 mg is not medically necessary.

Retrospective request for date of service 06/05/2014: Norco, 10/325 mg, #240 with 1 refill:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for retrospective for date of service 06/05/2014: Norco 10/325mg # 240 with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The request submitted failed to indicate frequency and duration of medication. As such, the request is not medically necessary.

Retrospective request for date of service 06/05/2014: Xanax, 1 mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for retrospective for date of service 06/ 05/2014 Xanax, 1 mg #30 with 1 refill is not medically necessary.

Magnetic Resonance Imaging (MRI) without contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for the Magnetic Resonance Images without contrast of the lumbar spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. It was also documented the injured worker obtained a MRI 08/15/2012 that revealed previous findings on the other MRI previously noted. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is a lack of documentation to verify the failure of conservative measures. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request is not medically necessary.

Magnetic Resonance Imaging (MRI) without contrast of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee chapter

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

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma. Patient is able to walk without a limp, Patient had a twisting injury and there is no effusion, The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (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. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The injured worker had previous physical therapy sessions however, the outcome measurements were not provided. The provider failed to indicate long- term functional restoration goals for the injured worker. Therefore, the request for magnetic Resonance Imaging (MRI) without contrast of the right knee is not medically necessary.