

Case Number:	CM14-0019023		
Date Assigned:	04/23/2014	Date of Injury:	03/24/2013
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 Surgeon and is licensed to practice in Texas. 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 53 year -old male who is reported to have sustained work related injuries on 03/24/13. The injured worker is reported to have twisted his right ankle while walking. He reported the development of right knee pain as a result and now reports left knee pain secondary to favoring of the right knee. The patient was ultimately taken to surgery on 07/02/13. At this time he underwent a right knee meniscectomy and chondroplasty. Per clinical note dated 11/12/13 the injured worker has left knee crepitus, 1 + effusion, slightly positive McMurray's, hyperesthesia over the right knee and right calf in an L4 distribution. The record contains a detailed request for authorization dated 01/13/14. Per this document the injured worker is noted to have bilateral knee pain. The provider documents the efficacy of Tramadol ER, NSAIDS, Proton Pump Inhibitors, and Cyclobenzaprine. Physical examination is grossly unchanged with the exception of a reported temperature change in the right lower extremity. A utilization review determination dated 02/05/14 denied requests for Tramadol ER 150 mg, Cyclobenzaprine 7.5 mg, Pantoprazole 20 mg, 60 day TENS unit rental, and EMG/NCV of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The request for Tramadol Er 150 mg #60 is medically necessary. The submitted records indicate the injured worker is status post right knee surgery and has aggravated osteoarthritis of the left knee. Serial examination indicate the presence of a sensory loss and possible sympathetic pain in right lower extremity. The provider documents a 50% reduction in pain with improved function. As such the injured worker meet criteria per California Medical Treatment Utilization Schedule for continued use of this medication.

CYCLOBENZAPRINE 7.5 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The request for Cyclobenzaprine 7.5 mg #90 is recommended as medically necessary. The submitted clinical records indicate the injured worker is status post right knee surgery and has aggravated osteoarthritis of the left knee. Serial examinations note increased muscle tone in the lower extremities which has improved with the use of this medication. Per the letter of medical of necessity there is decreased muscle tone as a result. Based on the information provided the request is medically necessary to the reported lower extremity muscle spasm.

PANTOPRAZOLE 20 MG #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitor.

Decision rationale: The request for Pantoprazole 20 mg #90 is recommended as medically necessary. The submitted letter of appeal indicates the injured worker has medication induced gastritis improved with the use of this medication. As such this medication is medically necessary while the injured worker is maintained on oral medications.

60 DAY TENS UNIT RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The request for 60 day tens unit rental is not supported as medically necessary. The records as provided indicate the injured worker has had benefit from TENS in the past. However, these records do not detail a one month trial or quantify the degree of relief provided from the device. As such the request does not meet California Medical Treatment Utilization Schedule for the use of this device.

ELECTROMYOGRAPHY BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Podiatry. 1984 Aug;1(2): 279-90. Electrodiagnosis and nerve conduction studiesl Posuniak EA.

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

Decision rationale: The request for electromyography bilateral lower extremities is recommended as medically necessary. The records indicate the injured work has evidence of neurologic compromise on examination. This is a mixed presentation and EMG is clinically indicated to establish a clear diagnosis.

NERVE CONDUCTION STUDYBILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Podiatry. 1984 Aug;1(2): 279-90. Electrodiagnosis and nerve conduction studiesl Posuniak EA.

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

Decision rationale: The request for nerve conduction studies of the bilateral lower extremities is recommended as medically necessary. The records indicate the injured work has evidence of neurologic compromise on examination. This is a mixed presentation and EMG is clinically indicated to establish a clear diagnosis.