

Case Number:	CM14-0130531		
Date Assigned:	09/12/2014	Date of Injury:	01/20/2008
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 48 year old female with an injury date on 01/20/2008. Based on the 05/28/2014 progress report provided by [REDACTED], the diagnoses are: 1. Ankle internal derangement 2. Ankles sprain/strain 3. Lumbar disc displacement with radiculopathy 4. Lumbar radiculopathy 5. Lumbar spine sprain/strain 6. Carpal sprain/strain 7. Wrist radial styloid tenosynovitis 8. Insomnia According to this report, the patient complains of right ankle pain, low back pain, right wrist pain, and loss of sleep due to pain. The patient rated the right ankle pain as a 9/10 with medication and an 8/10 with medications. The pain is aggravated by activities such as prolong sitting or standing over 15 minutes; and it is relieved with rest and medications. Pain in the low back is rated as a 9/10 with medication and a 7/10 without medication. The pain is aggravated by activities such as bending, lifting, prolonged walking or standing over 5 minutes; and it is relieved with rest and medications. Numbness and tingling are noted in the lower extremities, bilaterally. Physical exam reveals tenderness and myospasm over the bilateral paralumbar muscles, right sciatic notch, and right lateral/medial malleolus area. Straight leg test and Braggard test are positive on the right. Range of motion of the lumbar spine and right ankle are decreased. The patient is recommended to be on temporary total disability for 45 days. There were no other significant findings noted on this report. The utilization review denied the request on 07/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/30/2014 to 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 05/28/14) Outpatient Prolonged Services: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Specialist Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127

Decision rationale: According to the 5/28/2014 report by [REDACTED] this patient presents with right ankle pain, low back pain, right wrist pain, and loss of sleep due to pain. The treating physician is requesting retro (DOS 5/28/2014) Outpatient prolonged service. The utilization review denial letter states "There is no sufficient documentation indicating the medical necessary for additional time interventions." Regarding prolonged service, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In this case, the current request for "prolonged service" is vague and the treating physician should identify what "service" he is requesting before the request can be considered. There is no description of additional time spent addressing any extraordinary issues on the reports. The request is not medically necessary.

Retrospective (DOS 05/28/2014) Body muscle test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Range of motion and muscle testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 5/28/2014 report by [REDACTED] this patient presents with right ankle pain, low back pain, right wrist pain, and loss of sleep due to pain. The treating physician is requesting retro (DOS 5/28/2014) Body muscle test. The utilization review denial letter states range of motion and muscle testing are measured during the physical exam and documented as part of the evaluation. "There is no current available documentation to establish the medical necessary for these diagnostic exams as a separate procedure." Per MTUS guidelines, the treating physician must monitor the patient and provide appropriate treatment recommendations. Muscle examination is part and parcel of office visitation. There is no need for any additional specialized testing. The request is not medically necessary.

Retrospective (DOS 05/28/2014) Muscle test one limb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Range of motion and muscle testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 5/28/2014 report by [REDACTED] this patient presents with right ankle pain, low back pain, right wrist pain, and loss of sleep due to pain. The treating physician is requesting retro (DOS 5/28/2014) muscle test one limb. The treating physician does not explain what this muscle test is to entail. The ACOEM guidelines page 303 supports EMG or electrical testing of the muscle. However, the current request does not appear to be for this. Muscle testing of one limb should be part and parcel of a normal office visit examination. MTUS page 8 requires that the treater monitor the patient's progress and report on it. Muscle testing does not require additional testing and this appears to be for additional billing without a meaningful or necessary service. The request is not medically necessary.

Retrospective (DOS 05/28/2014) Hydrocodone #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain, Medications for chronic pain, Criteria for use of opioid.

Decision rationale: According to the 5/28/2014 report by [REDACTED] this patient presents with right ankle pain, low back pain, right wrist pain, and loss of sleep due to pain. The treating physician is requesting retro (DOS 5/28/2014) Hydrocodone #120. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Hydrocodone was first mentioned in the 04/30/2014 report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. Opiate monitoring such as urine toxicology were discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

Retrospective (DOS 05/28/2014) Alprazolam #120: Upheld

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

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

Decision rationale: According to the 5/28/2014 report by [REDACTED] this patient presents with right ankle pain, low back pain, right wrist pain and loss of sleep due to pain. The treating

physician is requesting retro (DOS 5/28/2014) Alprazolam Qty: 60. MTUS guidelines page 24, do not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. In this case, review of records shows no discussion regarding short-term use and the medication appears to be prescribed for longer than 30 days. The treating physician does not mention why this medication is being prescribed. There is no discussion in the reports regarding this medication. The request is not medically necessary.

Retrospective (DOS 05/28/2014) Protonix 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitors.

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

Decision rationale: According to the 5/28/2014 report by [REDACTED] this patient presents with right ankle pain, low back pain, right wrist pain, and loss of sleep due to pain. The treating physician is requesting retro (DOS 5/28/2014) Protonix 20mg Qty: 90. Protonix was first mentioned in this report. The MTUS Guidelines state Protonix is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report does not show that the patient has gastrointestinal side effects with medication use. The patient is currently on Ibuprofen. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. The request is not medically necessary.