

Case Number:	CM14-0132436		
Date Assigned:	08/22/2014	Date of Injury:	12/31/2001
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 66 year old female with a 12/31/2001 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/28/14 noted subjective complaints of back, bilateral hip, and knee pain. Objective findings included paravertebral tenderness, spasm, decreased ROM, and positive left SLR. There was reduced sensation in the left L5 distribution. There was bilateral knee joint line tenderness. It is noted that the patient has not undergone any time of therapy recently. Lumbar MRI 5/29/13 showed mild disc bulges L3-4 and L5-S1, mild central canal stenosis at L4-5, and grade I spondylolisthesis of L4 on L5. Diagnostic Impression: knee internal derangement, lumbar strain, lumbar radiculopathy Treatment to Date: medication management A UR decision dated 7/28/14 denied the request for MRI lumbar spine. The guidelines do not recommend a repeat MRI without a significant change in symptoms or progressive neurologic deficits. It modified baclofen 10 mg daily #30 but it did not specify the modification. It also denied aciphex EC 20 mg #30. There was no rationale provided. It also denied MRI left knee. There was no rationale provided. It also denied MRI bilateral hips. There was no rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back - MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation official disability guidelines

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There is no documentation of failure of conservative treatment; the provider notes state that the patient hasn't undergone therapy recently. There is also no mention of surgical consideration. It is unclear how a repeat MRI would be of benefit. Therefore, the request for MRI for lumbar spine was not medically necessary.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): page 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, with a 2001 date of injury, it is unclear how long the patient has been on baclofen. Guidelines do not recommend chronic use of muscle relaxants. There is no mention of acute exacerbation of back pain. Therefore, the request for baclofen 10 mg #30 was not medically necessary.

Aciphex EC 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines page 68 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole, rabeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in

treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. It is unclear why Aciphex would be of benefit. Therefore, the request for aciphex EC 20 mg #30 was not medically necessary.

MRI for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-36. Decision based on Non-MTUS Citation ODG) knee and leg chapter

Decision rationale: CA MTUS recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include acute trauma to the knee, significant trauma, suspect posterior knee dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. However, in the documents available for review, there is only documentation of knee joint line tenderness. There are no documented red flag symptoms or signs to substantiate MRI imaging. There is also no mention of surgical consideration. Therefore, the request for MRI for left knee was not medically necessary.

MRI for bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Hip and Pelvis - MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) hip and pelvis chapter

Decision rationale: CA MTUS does not address this issue. ODG criteria for hip MRI include osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors; Exceptions for MRI; Suspected osteoid osteoma; or Labral tears. However, there are no documented physical exam hip abnormalities to warrant the requested modality. There is no specific rationale provided for obtaining a hip MRI. Therefore, the request for MRI for bilateral hips was not medically necessary