

Case Number:	CM14-0151640		
Date Assigned:	09/19/2014	Date of Injury:	12/10/2004
Decision Date:	10/22/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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:

This patient is a 61-year-old male with a date of injury of 12/10/2004. The listed of diagnoses per [REDACTED] are right knee intrasubstance degeneration anterior horn, right oblique horizontal tear right of the posterior horn, right knee joint effusion, respiratory asthma, insomnia and emotional stress. According to progress report from July 22, 2014, the patient presents with right knee pain, emotional stress, respiratory symptoms and sleep issues. Examination of the knee revealed decreased range of motion and mild tenderness to palpation over the medial femoral condyle as well as tenderness to palpation over the medial and lateral tibial femoral joint spaces. Examination of the lower extremity revealed decreased strength at 4/5. McMurray's test was positive. The treater is requesting follow-up visit in 90 days, initial lab work, POC urine drug screen, respiratory specialist, Omeprazole 20 MG and Tizanidine 4 mg. Utilization review denied the request on 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visit in 90 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with right knee pain, emotional stress, respiratory symptoms and sleep issues. The treater is requesting a Follow up visit 90 days. Utilization review denied the request stating that "overall the patient's general medical condition appears to be stable and could be followed at six month intervals." ACOEM, chapter 12, Low Back, page 303, has the following regarding Follow-up Visits: "Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, given the patient's chronic pain a follow up visit in 90 days is medically necessary and within ACOEM guidelines. The request is medically necessary.

Initial labs: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pmc/articles/PMC2704133

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: This patient presents with right knee pain, emotional stress, respiratory symptoms and sleep issues. The treater is requesting initial lab work. Review of the medical file indicates that the patient is taking Tramadol, Omeprazole, Tizanidine, Prednisone, and Albuterol and Ventolin for his asthma. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine Lab testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile including liver and renal function tests." The patient has been taking multiple medications including Tramadol on a long term basis. Given such, an initial lab work-up may be reasonable. The request is medically necessary.

POC Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen under its pain chapter

Decision rationale: This patient presents with right knee pain, emotional stress, respiratory symptoms and sleep issues. The treater is requesting POC urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. The medical

file provided for review does not indicate that the patient has had a screening in 2014. Given the patient's medication intake, a screening at this time is reasonable. ODG allows for once yearly screening for low-risk patients. The request is medically necessary.

Respiratory Specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), chapter:7, page 127

Decision rationale: This patient presents with right knee pain, emotional stress, respiratory symptoms and sleep issues. The treater's requesting a referral to a respiratory specialist for patient's asthmatic issues. The treater argues that the patient needs to be followed up by a specialist for these issues. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the patient has respiratory asthma and is taking multiple medications. The treater has shown concerns and would like the patient to be seen by a respiratory specialist. A referral at this time is reasonable. The request is medically necessary.

Omeprazole 20mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: This patient presents with right knee pain, emotional stress, respiratory symptoms and sleep issues. The treater's requesting a refill of Omeprazole 20 MG # 30 with 2 refills. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. Furthermore, the treater does not provide a discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of this medication. The request is not medically necessary.

Tizanidine 4mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, Tizanidine (Zanaflex, generic available)
Page(s): 66.

Decision rationale: This patient presents with right knee pain, emotional stress, respiratory symptoms and sleep issues. The treater is requesting a refill of Tizanidine 4mg #30 with 2 refills. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. Progress report 4/22/14 and 7/22/14 requests refill of this medication, but there is not discussion of pain relief or functional improvement with taking Tizanidine. MTUS page 60 requires pain assessment and functional changes when mediations are used for chronic pain. The request is not medically necessary.