MAXIMUS Federal Services

Case Number:	CM14-0156649		
Date Assigned:	09/26/2014	Date of Injury:	10/02/2012
Decision Date:	11/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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 & Rehabilitation & Pain Medicine 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 injured worker is a 54-year-old male who reported an injury on 10/02/2012 due to cumulative trauma. Diagnoses were right knee medial meniscus tear; right ankle avascular necrosis; left knee internal derangement secondary to right knee medial meniscus tear and right ankle avascular necrosis; reactionary depression/anxiety secondary to stress at work, financial constraints, and difficulty sleeping; medication induced gastritis; left hip sprain/strain; and noninsulin dependent diabetes. Physical examination on 09/11/2014 revealed complaints of right foot and ankle pain. The injured worker wears a CAM boot. The injured worker was referred to an orthopedic ankle specialist who diagnosed with injured worker with pseudoarthrosis right ankle/foot with osteochondritis and dissecans. The right ankle MRI revealed extensive area of avascular necrosis that involved the entire talar dome. The specialist recommended a hinged AFO boot until a fusion was performed for the right ankle. MRI of the right knee revealed a medial meniscus tear. The injured worker had received corticosteroid injections to the right knee. The injured worker also had complaints of left hip and knee pain. He had received injections to the left greater trochanteric region, which provided a 50% pain relief. Medications were Ultram ER, Anaprox DS 550 mg (on hold), Prilosec 20 mg, Norco 10/325 mg (discontinued), Metformin, Halcion 0.25 mg (1 at bedtime as needed), and medicinal marijuana. Examination of the right lower extremity revealed tenderness to palpation along the right ankle and medial and lateral joint lines. There was crepitus along the medial and lateral joint lines of the right knee. On examination, there was tenderness along the right and left greater trochanteric region. Treatment plan was for right arthroscopic knee surgery and right ankle fusion. It was also reported that the injured worker had myofascial pain in the posterior lumbar musculature, low back, and hips. It was reported that the injured worker had palpable trigger points with a discrete focal tenderness located in the palpable taut band of skeletal muscle, which produced a

local twitch in response to stimulus to the band. The injured worker received 4 trigger point injections. The rational was not reported. Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Chapter 6, page 163

Decision rationale: The request for internal medicine consult is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. There were no significant factors provided to justify a decision for internal medicine consult. Therefore, this request is not medically necessary.

Physical Therapy x 12 visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy x 12 visits is medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. It was reported that the right knee medial meniscus tear cannot be repaired until the injured worker's right ankle is dealt with. The injured worker has received corticosteroid injection into the right knee, which provided 3 weeks of pain relief. The injured worker received injection to his left greater trochanteric region. It was reported that the injured worker has having significant ankle pain on weight bearing. It was reported that the injured worker was in a holding pattern while awaiting right arthroscopic knee surgery and right ankle surgery. The medical guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The clinical information submitted for review does

provide evidence to justify physical therapy x 12 visits. Therefore, this request is medically necessary.

Follow-up with [redacted] (Psychologist): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Chapter 6, page163

Decision rationale: The request for a follow-up with [redacted] (Psychologist) is medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. It was reported in the physical exam note dated 09/11/2014 that the injured worker has having significant problems with sleep, waking up frequently throughout the night because of pain and stress. It was also reported that the injured worker was having difficulty with most medications. It was reported that the injured worker has having decreased cognitive function during the day as well as visual disturbances. The injured worker had gained 16 pounds in the last 4 months. The injured worker had to discontinue Norco and Ultram due to developing episodes of dizziness as well as headaches. Since discontinuing, the symptoms have resolved. The injured worker also was recently started on Halcion 0.25 mg (1 at bedtime as needed). The efficacy of this medication has not been reported due to recently just starting on this medication. The clinical information submitted for review does provide evidence to justify follow-up with [redacted] (Psychologist). Therefore, this request is medically necessary.

Prescription for Halcion 0.25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The decision for Halcion 0.25mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of Benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependence. The clinical documentation submitted for review does provide evidence that the injured worker has recently started on this medication. It was reported that the injured worker was having significant problems with sleep, waking up frequently throughout the night because of pain and stress. The request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. The medical guidelines suggest this medication should only be used 3 to 4 weeks due to dependency. Therefore, this request is not medically necessary.

Retrospective Prescription for Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for the retrospective prescription for Anaprox DS 550mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. It was reported that the Anaprox was not helping to alleviate pain. The request does not indicate a frequency for the medication. There were no other significant factors provided to justify continued use. Therefore, this request is not medically necessary.

Retrospective Prescription for Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for the retrospective prescription for Prilosec 20mg #60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Nonselective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A nonselective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 mcg 4 times daily) or (2) a Cox 2 selective agent. Long term PPI use (more than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox 2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Retrospective Request for 4 Trigger Point Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121,122.

Decision rationale: The request for retrospective trigger point injections (x4) is not medically necessary. The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome. They are not recommended for radicular pain. Criteria for the use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Symptoms should have persisted for more than 3 months, and medical management therapy (such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants) has failed to control pain. Radiculopathy should not be present (by exam, imaging, or neuro testing), and there are to be no repeat injections unless greater than 50% pain relief is obtained for 6 weeks after an injection and there is documented evidence of functional improvement. Additionally, it is indicated that the frequency should not be at an interval of less than 2 months. There was no neurologic examination for the injured worker on examination. Twitch response on examination was not reported. It was not proven that radiculopathy was not present. The injured worker did not have a diagnosis to justify trigger point injections. The clinical information submitted for review does not provide evidence to justify trigger point injections. Therefore, this request is not medically necessary.