

Case Number:	CM14-0174892		
Date Assigned:	10/28/2014	Date of Injury:	01/20/2014
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, low back, and neck pain reportedly associated with an industrial injury of January 20, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a negative CT scan dated March 7, 2014; and an MRI of the elbow of March 12, 2014, negative for any evidence of ligament or tendon tear. In a 10-page Utilization Review Report dated September 29, 2014, the claims administrator denied a request for Motrin, Zantac, twelve sessions of physical therapy, and electrodiagnostic testing of the left upper extremity. The applicant's attorney subsequently appealed. In an August 21, 2014 progress note, the applicant reported ongoing complaints of neck, low back, knee, and elbow pain, 7/10. The applicant stated that his pain levels did diminish to some extent with the antiinflammatory medications. The attending provider complained that the applicant had not had any physical therapy to the body parts in question. The applicant reported difficulty kneeling, squatting, pushing, and/or pulling with paresthesias about the left pinky and ring finger also noted. The applicant exhibited a positive McMurray sign about the knee and decreased sensorium noted about certain aspects of the left hand. 5/5 motor strength was appreciated. Twelve sessions of physical therapy, electrodiagnostic testing of the left upper extremity, MRI imaging of the knee, Motrin, and Zantac were endorsed. It was stated that Motrin and Zantac represented renewal requests. The applicant was 43 years old as of the date of the report, it was incidentally noted. In a July 24, 2014 progress note, the applicant again reported neck pain, headaches, elbow pain, and low back pain, 5-7/10. Decreased sensorium was noted about the pinky and ring finger on this occasion. Electrodiagnostic testing of the left upper extremity and 12 sessions of physical therapy were endorsed. It was stated that the applicant had completed six sessions of physical therapy

elsewhere. The applicant was again placed off of work, on total temporary disability. The applicant was instructed on how to perform home exercises. In an orthopedic consultation dated June 25, 2014, the applicant again reported multifocal neck, knee, elbow, and low back pain complaints with associated posttraumatic headaches. The applicant reported derivative complaints of depression, anxiety, and insomnia. The applicant was reportedly using Topamax for headache prophylaxis. The applicant was given various diagnoses, including posttraumatic headaches, cervical strain, elbow epicondylitis, ulnar nerve neuritis, and internal derangement of the knee. Trigger point injections were given. Motrin and Zantac were endorsed with the applicant was placed off of work, on total temporary disability. It was stated that the applicant had last worked on the date of injury itself. The applicant specifically denied issues with indigestion or reflux in the review of systems section portion of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Functional Restoration Approach to Chronic Pain Management s.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing medication usage, including ongoing Motrin usage. All evidence points to the applicant's having difficulty performing activities of daily living as basic as standing, sitting, kneeling, squatting, pushing, pulling, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request for Motrin is not medically necessary.

Zantac 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does note that H2 antagonists such as Zantac are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above. In fact, the applicant specifically denied any issues with reflux, heartburn, or indigestion on a comprehensive consultation report dated June 25, 2014. Therefore, the request for Zantac is not medically necessary.

Physical Therapy (PT) 3 times per week for 4 weeks left elbow and knee, low back, and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary and ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Functional Restoration Approach to Chronic Pain Management section Pa.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on analgesic medications. The fact that the applicant is pursuing various diagnostic studies, including electrodiagnostic testing of the left upper extremity, MRI imaging of the knee, etc., implies that conservative treatment, including earlier physical therapy, has, in fact, proven unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request for additional Physical Therapy is not medically necessary.

EMG Left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33, nerve conduction testing and possibly EMG testing are recommended in applicants if severe nerve root entrapment is suspected on a basis of physical examination and there is a failure to respond to conservative treatment. In this case, the applicant has tried, failed, and exhausted

several months of conservative treatment. The applicant's treating provider has posited that the applicant may in fact have an ulnar neuritis. Obtaining EMG testing to help establish the presence of an ulnar neuritis versus possible superimposed processes such as cervical radiculopathy is therefore indicated. Accordingly, the request for EMG is medically necessary.

NCV Left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 33, NCV testing and possible EMG testing are recommended in applicants in whom severe nerve root entrapment is suspected and there is a failure to respond to conservative treatment. In this case, the applicant is off of work, on total temporary disability. Conservative treatment has failed. Complaints of elbow pain with upper extremity paresthesias/dysesthesias persist. Obtaining NCV testing to help establish the presence or absence of bona fide ulnar neuropathy/ulnar neuritis is indicated. Therefore, the request for NCV is medically necessary.