

Case Number:	CM14-0030272		
Date Assigned:	06/20/2014	Date of Injury:	02/04/2006
Decision Date:	07/29/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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, and is licensed to practice in Texas and Ohio. 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 63-year-old male who reported an injury on 02/04/2006. The mechanism of injury was not specifically stated. Current diagnoses include discogenic lumbar condition with disc disease and facet changes, internal derangement of the left knee, and elements of depression, sleep disturbance and weight gain. The injured worker was evaluated on 05/21/2014 with complaints of left knee and low back pain. Previous conservative treatment includes a series of hyalgan injections in 2007 and 2008 as well as 2 epidural steroid injections and TENS therapy. The injured worker also previously participated in a functional restoration program in 2011. Physical examination revealed tenderness along the lumbar spine with satisfactory range of motion. Treatment recommendations included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Protonix 20mg #60: 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 Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary.

One prescription of Wellbutrin 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin-norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Wellbutrin is a second generation non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. The injured worker has continuously utilized Wellbutrin 150 mg since 03/2014. There is no evidence of objective improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

One prescription of Flexeril 7.5mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized Flexeril 7.5 mg since 03/2014. There is no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As such, the request is not medically necessary.

One prescription of LidoPro cream 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic or localized peripheral pain. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Terocin patches #30: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is indicated for neuropathic or localized peripheral pain. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Nerve conduction velocity studies of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, ELECTRODIAGNOSTIC STUDIES.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended after 1 month of conservative therapy. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is no mention of a failure to respond to 1 month of conservative therapy prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the current request is not medically necessary.

Electromyography of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, ELECTRODIAGNOSTIC STUDIES.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state nerve conduction studies are not recommended for low back conditions. Electromyography is recommended after 1 month of conservative therapy. There was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is no mention of a failure to respond to 1 month of conservative therapy prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the current request is not medically necessary.

One magnetic resonance imaging (MRI) of the 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MAGNETIC RESONANCE IMAGING.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insults or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. The Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, or myelopathy. There is no evidence of a progression or worsening of symptoms or physical examination findings. There was no documentation of a significant musculoskeletal or neurological deficit. The medical necessity for the requested imaging study has not been established. As such, the request is not medically necessary.

One prescription of Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

One series of five Hylan injections for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, HYALURONIC ACID INJECTIONS.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as needle aspiration or cortisone injections are not routinely indicated. The Official Disability Guidelines state prior to the administration of hyaluronic acid injections, patients should experience significantly symptomatic osteoarthritis. There should also be documentation of a failure to respond to conservative treatment and a failure to respond to aspiration and injection of intra-articular steroids. As per the documentation submitted, the injured worker has been previously treated with a series of hyaluronic acid injections. However, there was no documentation of a significant functional improvement for 6 months following the initial series of injections. There is also no evidence of symptomatic severe osteoarthritis of the knee. Based on the clinical information received, the request is not medically necessary.

One prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.