

Case Number:	CM14-0034138		
Date Assigned:	07/23/2014	Date of Injury:	03/26/2011
Decision Date:	09/10/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old male with complaints of chest pain as well as gastrointestinal difficulties. The utilization review dated 03/10/14 resulted in multiple denials for lab studies, an electrocardiogram, echocardiogram, electrodiagnostic studies, imaging studies and the use of Tylenol as well as a transdermal cream. The agreed medical evaluation dated 04/07/14 indicates the injured worker having sustained cumulative trauma to the knees as a result of 26 years of working as an energy technician. The injured worker reported constant and repetitive squatting, kneeling, and crawling. The note does indicate the injured worker having previously undergone arthroscopic surgeries at both knees. The clinical note dated 12/23/13 indicates the injured worker limping. Weakness was identified at the knees which were rated as grade 4. Pain was elicited with knee flexion. The computed tomography scan of the abdomen dated 11/18/13 revealed essentially normal findings of the abdomen. The magnetic resonance image of the right knee dated 10/30/13 revealed a horizontal tear of the lateral meniscus. A tear was also identified at the posterior horn of the medial meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatologic Consultation and Treatment If Indicated: 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 Other Medical Treatment Guideline or Medical Evidence:1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker having sustained cumulative trauma injuries most notably at the right knee. No information was submitted regarding the injured worker's updated status that would require the use of lab studies in order to provide a pathway to treatment. Therefore, this request is not medically necessary.

Labs: CBC, Chem 20, Cholesterol Panel, Thyroid Panel, H. Pylori, Hgb A1c:

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 Other Medical Treatment Guideline or Medical Evidence: 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The request for lab studies is not indicated. The documentation indicates the injured worker having sustained cumulative trauma injuries most notably at the right knee. No information was submitted regarding the injured worker's updated status that would require the use of lab studies in order to provide a pathway to treatment. Therefore, this request is not medically necessary.

12 Lead EKG: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The documentation indicates the injured worker complaining of right knee pain. An electrocardiogram is indicated for injured workers who been determined to have significant cardiac complaints. No information was submitted regarding the injured worker's cardiac involvement. Given this, the request is not indicated as medically necessary.

Echocardiogram: 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 Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG).

Decision rationale: The documentation indicates the injured worker complaining of right knee pain. An echocardiogram is indicated for injured workers who have been determined to have significant cardiac complaints. No information was submitted regarding the injured worker's cardiac involvement. Given this, the request is not indicated as medically necessary.

EMG (Electromyography) for Bilateral Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: An electromyogram of the lower extremities is indicated for injured workers who have been determined to have significant neurologic deficits. No information was submitted regarding the injured worker's significant symptomology that would indicate neurological involvement. No reflex, strength, or sensation deficits were identified in the clinical notes as a result of neurologic involvement. Therefore, this request is not indicated as medically necessary.

NCV (Nerve Conduction Velocity) for Bilateral Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: An electromyogram of the lower extremities is indicated for injured workers who have been determined to have significant neurologic deficits. No information was submitted regarding the injured worker's significant symptomology that would indicate neurological involvement. No reflex, strength, or sensation deficits were identified in the clinical notes as a result of neurologic involvement. Therefore, this request is not indicated as medically necessary.

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 - MRI of low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

Decision rationale: A magnetic resonance image of the lumbar spine is indicated for injured workers who have continued with significant symptoms following a full course of conservative therapy. No information was submitted regarding the injured worker's therapeutic interventions addressing the lumbar region complaints. Additionally, no significant information was submitted regarding the injured worker's ongoing symptomology in the lumbar region. Therefore, this request is not indicated as medically necessary.

Tylenol #3 300/30 mg #120: 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 Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Transdermal/Ibuprofen Cream 10% 60gm: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment

Utilization Schedule, Food and Drug Administration and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.