

Case Number:	CM14-0039696		
Date Assigned:	07/23/2014	Date of Injury:	12/18/2013
Decision Date:	08/27/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/04/2014

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 claimant was injured on 12/18/13. MRIs of the lumbar spine, left hip, left knee, and prescriptions for Norco and clonazepam are under review. The clonazepam was modified and the Norco non-certified along with the MRIs. The claimant has some psychological disorders including anxiety and depression. He reports from neck, low back, left hip, and left knee pain. He had decreased cervical, lumbar, and left hip ranges of motion with difficulty squatting and heel and toe walking. The left knee was tender over the medial joint line and he had decreased range of motion with crepitus and a positive McMurray's and medial collateral stress test. MRI of the left knee showed mild meniscal degeneration and strain of the MCL complex in December 2013. He has tried medications. MRI of the lumbar spine was non-certified due to the lack of any neurologic deficits and MRI of the hip was non-certified due to the lack of conservative care for the left hip. A trial of Norco was deemed not appropriate. The clonazepam had been prescribed consistently for at least 6 weeks. It was non-certified and was recommended to be weaned. The claimant saw [REDACTED]. He was injured while cutting branches from a trailer. He injured his left inner knee. He was status post x-rays and MRI of the left knee. He was given medications and physical therapy was ordered. Only a left knee contusion/strain was noted. MRI of the left knee was done on 12/18/13. He was diagnosed with symptom magnification per [REDACTED] as he was noted to be able to ambulate well when he walked away from the clinic. On 01/13/14, he had an orthopedic consultation with [REDACTED]. His knee was evaluated and he was diagnosed with a strain of the MCL. He saw [REDACTED] on 01/22/14. He was diagnosed with low back pain, radiculopathy, left knee patellar tendinitis, and depression with anxiety. He was prescribed Norco. He reported left knee, low back, left hip, and cervical spine pain. He had pain predominantly on the left side of his low back and the inner aspect of the left knee. The back pain increased with coughing and sneezing. He had pain in the lateral aspect of the gluteal

region, hip, and buttocks and had difficulty with his activities. He could not walk long distances. He had tenderness about the cervical spine with mildly decreased range of motion but no focal deficits on neurologic exam. His strength was essentially equal bilaterally. Lumbar spine exam revealed tenderness, spasm, guarding, and mildly decreased range of motion. There were no focal neurologic deficits. He had mildly decreased range of motion of the left hip. His strength was within normal limits. He had a positive left Lachman's test. He was diagnosed with left hip trochanteric bursitis and lumbar degenerative spondyloarthropathy with strain and facet arthropathy. MRIs of the lumbar spine and left hip were ordered along with Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK (ACUTE ON CHRONIC).

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

Decision rationale: The history and documentation do not objectively support the request for an MRI of the lumbar spine at this time. The MTUS state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is no evidence of a trial and failure of a reasonable course of conservative care for the lumbar spine, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request for an MRI of the lumbar spine has not been clearly demonstrated.

MRI OF THE LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS (ACUTE ON CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, MRI.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the lumbar spine at this time. The MTUS do not address MRIs of the hip. The ODG state "Indications for imaging - Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities-Osteonecrosis-Occult acute and stress fracture-Acute and chronic soft-tissue injuries-Tumors Exceptions for MRI-Suspected osteoid osteoma (See CT)-Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)" There is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications for the left hip. There are no new or progressive focal deficits on physical examination for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request for a left hip MRI has not been clearly demonstrated.

PRESCRIPTION OF NORCO 10/325, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Medications for Chronic Pain Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear including objective measurable of functional improvement. There is no evidence that a signed pain agreement is on file at the provider's office or that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco 10/325 mg #90 has not been clearly demonstrated.

PRESCRIPTION OF CONAZEPAM 2MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Medications for Chronic Pain Page(s): 54; 94.

Decision rationale: The history and documentation do not objectively support the request for clonazepam. The MTUS state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The records indicate prolonged use of this medication has occurred but the specific indication for ongoing use is unclear. There is no evidence that the claimant has tried and failed first line drugs for anxiety/depression and requires a benzodiazepine on a chronic basis. The claimant's pattern of use of this medication and the objective measurable benefit or functional improvement he experiences have not been described. The medical necessity of the continued use of clonazepam 2 mg #30 has not been clearly demonstrated.

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Repeat MRI.

Decision rationale: The history and documentation do not objectively support the request for a repeat MRI of the left knee at this time. The MTUS state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Table 13-5 states MRI can be used to evaluate knees for internal derangement involving ligaments and cartilage injuries, among other. The claimant already had an MRI of the left knee in 12/13 and the ODG state Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. In this case, there is no documentation that surgery has been done and a postop imaging study is needed. Otherwise, there is no new or progressive focal deficits for which a repeat MRI appears to be indicated. The claimant's course of conservative treatment including local modalities, exercise, and the judicious use of medications is unclear. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated.