

<b>Case Number:</b>	CM14-0044469		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 64-year-old male with a date of injury of 10/02/2013. The listed diagnoses per [REDACTED] are Cervical spine multilevel disk protrusion and Right knee sprain. According to progress report 02/14/2014, the presents with complaints of cervical spine pain and right knee pain. He reports clicking, popping, and locking and giving way of the right knee. Objective findings revealed decreased range of motion in the right and positive McMurray and crepitus. Strength was noted as 4/5 in the quad and hamstring. Pain is rated as 7/10. The treater is requesting physical therapy 2 times a week for 4 weeks, pain management consultation, orthopedic consultation, MRI of the cervical spine, MRI of the right knee, compound topical cream, and omeprazole 20 mg #30. Utilization review denied the request on 03/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine and right knee, twice weekly for four weeks:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Web: Physical Therapy Guidelines, Official Disability Guidelines, Neck and Upper Back, Knee Chapter

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

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting physical therapy 2 times a week for 4 weeks for the cervical spine and right knee. Utilization review denied the request stating "evidence-based guidelines necessitate documentation of remaining functional deficit and number of physical therapy visits to date if there has been recent physical therapy." For physical medicine, the MTUS Guidelines page 98 and 99, recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file does not include any physical therapy reports or discussions of treatment history. Given the patient's continued pain and decreased range of motion, the requested 8 physical therapy sessions may be warranted. Therefore, the request for physical therapy for the cervical spine and right knee, twice weekly for four weeks, is medically necessary and appropriate.

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Page 127; Official Disability Guidelines, Pain Chapter: Evaluation and Management (E&M)

**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:7, pg.127

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting pain management consultation. The treater does not provide a rationale for this request. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, the patient is 4 month from date of injury and is being treated conservatively. The treater does not document concerns that may require a pain management specialist at this time. The request for a pain management consultation is not medically necessary or appropriate.

**Orthopedic Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Page 127; Official Disability Guidelines, Knee Chapter: Evaluation and Management (E&M)

**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:7, pg. 127

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting an orthopedic consultation. ACOEM Practice Guidelines second edition (2004) page 127 has the following: "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, given patient's right knee complaints of giving way, locking, popping, and clicking, a consultation with an orthopedic specialist may be warranted. The request for an orthopedic consultation is medically necessary and appropriate.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter: Indications for imaging - MRI (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting an MRI of the cervical spine. The ACOEM Guidelines has the following criteria for ordering imaging studies on page 177 and 178: (1) emergence of a red flag, (2) physiologic evidence of tissue insult or neurologic dysfunction, (3) failure to progress in the strengthening program intended to avoid surgery, (4) clarification of anatomy prior to invasive procedure. In this case, there are no discussions of neurological deficit or radicular symptoms to warrant further investigation. The request for an MRI of the cervical spine is not medically necessary or appropriate.

**MRI of the Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter: Indications for Knee MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342.

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting an MRI of the right knee. ACOEM Guidelines states, "Special studies are needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." Medical records indicate there is an MRI of the right knee on 11/22/2013 which revealed a medial meniscus "oblique tear involving the posterior horn intercondylar effusion." It is unclear why the treater is requesting a repeat MRI at this time. Furthermore, the treater is requesting consultation with an orthopedic surgeon. The request for an MRI of the right knee is not medically necessary or appropriate.

**Compound Topical Creams - Unspecified dosage/quantity/medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting a compound topical cream. The ingredients and the dosing of this topical cream is not specified in the medical file provided for review. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Compound analgesic creams are generally considered experimental. Furthermore, the treater does not specify the contents of this topical compound cream; recommendation cannot be made on unknown ingredients. Therefore, the request for compound topical creams - unspecified dosage/quantity/medications is not medically necessary or appropriate.

**Cyclobenzaprine 7.5 mg ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Non-sedating muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available Page(s): 64.

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting cyclobenzaprine 7.5 mg #90. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." The treater is prescribing this medication for long term use. Therefore, the request for Cyclobenzaprine 7.5 mg ninety count is not medically necessary or appropriate.

**Omeprazole 20 mg thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Proton pump inhibitors, Omeprazole

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with cervical spine and right knee pain. The treater is requesting omeprazole 20 mg #30. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of Omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of this medication. The request for Omeprazole 20 mg thirty count is not medically necessary or appropriate.