

Case Number:	CM14-0061305		
Date Assigned:	08/08/2014	Date of Injury:	11/23/2012
Decision Date:	09/23/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopedic Surgery 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 patient is a 60 year old female who sustained an industrial injury on 11/23/2012, when she sustained a fall. A 4/29/2014 EMG/NCV study reveals the impression of severe median entrapment at the bilateral wrists, acute right C5 and C6 radiculopathy, and acute left L5 and S1 lumbosacral radiculopathy. According to the PR-2 dated 6/23/2014, the patient presents with complaints of neck pain, mid back pain, low back pain, bilateral arm pain, bilateral shoulder pain, bilateral hand/finger pain, bilateral leg pain, bilateral thigh pain and bilateral knee pain. Physical examination documents tenderness, mildly reduced cervical and shoulder ROM, reduced lumbar ROM, positive bilateral Lasague's, bilateral medial joint line tenderness, normal ROM of the elbows, wrists, hips, knees, and ankles, and antalgic gait. Diagnoses are cervical, thoracic and lumbar sprain/strain, right/left shoulder impingement syndrome; right/left lateral epicondylitis, right/left ulnar nerve entrapment, right/left carpal tunnel syndrome, right/left wrist sprain/strain, right/left knee sprain, right/left ankle sprain/strain. Recommendations include medications, compound, and physiotherapy to left knee, LESI, lumbar brace, Urine test, and re-evaluation in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and, Opioids for chronic pain, Weaning of Medications Page(s): 74-75,80,124.

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The 11/18/2013 PR-2 is illegible, and there are no reports from 06/16/2013 to 11/18/2013. The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Recommendation has previously been made for weaning. Chronic use of opioids is not generally supported by the medical literature.

Motrin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: For treatment with NSAIDs, the guidelines recommend the lowest effective dosage for the shortest period of time. For mild to moderate pain levels, the guidelines support 400mg po every 4-6 hours as need. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical records do not document subjective/objective improvement in pain level and function with use of Motrin. The medical records do not establish the patient had presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines.

Flur-Diclo compound: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primary treatments recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records do not document failure of first line interventions; in addition, improvement with use of this flurb-diclo topical compound has not been demonstrated. It is not clear why a compound containing two NSAIDs is warranted, as there is no indication for using two NSAIDs that provide the same function. Topical products may be considered an option in patients who are intolerant to oral medications. The medical records do not establish that to be the case of this patient. The patient is tolerant to oral medications. The medical records do not establish this compound topical product is medically necessary for the treatment of this patient's complaints.

Epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the CA MTUS guidelines, an epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment the 4/29/2014 EMG/NCV study provided the impression of acute left L5 and S1 lumbosacral radiculopathy. However, the progress report does not document clinical findings on examination that correlate with active lumbar radiculopathy.

L. knee arthroscopy, partial medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg regarding Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Meniscectomy.

Decision rationale: According to the CA MTUS ACOEM guidelines, arthroscopic meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the

meniscus. In the case of this patient, the examination documents bilateral knee medial joint line tenderness and no other significant findings. In addition, there is no corroborative diagnostic evidence of meniscus tear. In absence of documented of mechanical deficits, relevant objective/subjective clinical findings and imaging demonstrating an actual surgical lesion, the medical necessity of the requested surgery is not substantiated.

Subacromial injection to L. shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections.

Decision rationale: The CA MTUS ACOEM guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The medical records do not provide evidence of significant pain and functional deficits and failure on non-invasive care. The medical necessity of subacromial injection for the left shoulder is not established.

Lumbar spine brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Back brace, post operative (fusion).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: CA MTUS ACOEM - "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG - Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. The patient sustained an industrial injury in November 2012. She is diagnosed with lumbar sprain/strain. According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar support is not recommended under the guidelines. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the evidence-based guidelines and clinical documentation stated above, the request for a lumbar brace is not medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg regarding walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The medical records do not establish the patient is a candidate for the requested left knee surgery. Consequently, postoperative walking aid is not medically necessary.

Post op knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The medical records do not establish the patient is a candidate for the requested left knee surgery. Consequently, postoperative equipment is not medically necessary.

Knee CPM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg regarding continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous passive motion (CPM).

Decision rationale: The medical records have not established the requested left knee arthroscopy is appropriate and medically necessary. Consequently, in absence of surgery, consideration for post operative devices, such as a CPM are not warranted.

Cold therapy unit: 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) Knee and Leg, Cold/heat packs; Continuous-flow cryotherapy.

Decision rationale: The medical records do not establish the patient is a candidate for the proposed surgical procedure. Consequently, consideration for a cold therapy unit is not indicated.