

Case Number:	CM14-0067882		
Date Assigned:	08/08/2014	Date of Injury:	09/03/2013
Decision Date:	10/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 and is licensed to practice in Illinois. 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 45-year-old female who reported an injury on 09/03/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbago, joint pain in the left leg, joint pain to the ankle, sprain of the knee and leg not specified, and joint pain of the pelvis. Past medical treatment consists of acupuncture, the use of a TENS unit, physical therapy, infrared/hot packs, and medication therapy. MRI of the left knee was obtained on 03/04/2014 and an MRI of the lumbar spine was obtained 02/17/2014. There was also a urinalysis submitted for review on 03/09/2014. On 07/18/2014, the injured worker complained of pain in the lumbar spine and left lower extremity. Physical examination revealed that the injured worker had a pain rate of 5/10. The lumbar spine was positive for tenderness to palpation at the spinous process and paraspinal muscles. It was noted in the progress note that there was no pain with full range of motion. The treatment plan was for the injured worker to continue with acupuncture, undergo an MRI of the lumbar spine and left ankle, have use of a knee brace, undergo a urine drug test, and have use of topical analgesics. The rationale was not submitted for review. The Request for Authorization form was submitted on 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) time to produce functional improvement is 3 to 6 treatments; (2) frequency is 1 to 3 times per week; (3) optimum duration is 1 to 2 months. Given the above, the injured worker is not within the recommended Guidelines. The submitted documentation indicated that the injured worker had previous sessions of acupuncture. However, there was no evidence of the efficacy of those sessions. There was no documentation submitted for review indicating what the injured worker's pain levels were before and after the sessions. Furthermore, it was not documented how many sessions of acupuncture the injured worker had already completed. As such, the request for acupuncture, twice weekly for four weeks, is not medically necessary or appropriate.

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Ankle, MRI.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of an MRI when there is unequivocal objective findings that identify specific nerve disorders, (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The Official Disability Guidelines state that MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather as an adjunct to narrow specific diagnoses or planned operative interventions. This study suggests that many of the pre referral foot or ankle MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the injured worker is not within the MTUS/ACOEM or Official Disability Guidelines. Evidence from the submitted documentation did not indicate that the injured worker had evidence of soft tissue deficits or any nerve dysfunctions. Additionally, there was no documentation that the injured worker had any sensory loss to light touch or pinprick. Furthermore, there were no suggestive findings or significant pathology, to include tumor or infection. Also, in the submitted documentation it was noted that an MRI of the left ankle was obtained on March 4, 2014. It is unclear why the provider would be requesting another MRI of the left ankle. As such, the request for an MRI of the left ankle is not medically necessary or appropriate.

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 Parameters for Medical Imaging

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

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering an MRI. The included documentation failed to show evidence of significant neurological deficits on physical examination. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of the documentation showing the failure of initially recommended conservative care, including active therapies and neurological deficits on physical exam, an MRI is not supported by the referenced Guidelines. Furthermore, it was also documented in the submitted report that an MRI was obtained on February 17, 2014 of the lumbar spine. It is unclear as to why the provider would be requesting an additional MRI of the lumbar spine. As such, the request for an MRI of the lumbar spine is not medically necessary.

A knee brace: 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): 339-340.

Decision rationale: The Knee Complaints Chapter of the ACOEM Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. Given the above, the injured worker is not within the California MTUS/ACOEM recommended Guidelines. There was no indication in the submitted report that the injured worker had patellar instability, ACL tear, and/or MCL instability. Furthermore, it was not indicated in the submitted report that the injured worker was going to be stressing the knee under load, such as climbing ladders or carrying boxes. Additionally, the request as submitted did not indicate which leg the knee brace was for. As such, the request for a knee brace is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urinalysis Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided for review did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. A submitted drug test dated March 19, 2014 revealed that the injured worker was in compliance with prescription medications. Given the above, the request is not warranted. As such, the request for a urine drug test is not medically necessary.

Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Opioids Page(s): 111.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The Guidelines note muscle relaxants are not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short term use (4 to 12 weeks). As the Guidelines do not recommend the use of muscle relaxants for topical application, the medication would not be indicated. Furthermore, it was unclear if the injured worker had a diagnosis which would be congruent with the Guideline recommendations for topical NSAIDs. Additionally, the request as submitted did not indicate a dosage, frequency, or duration. It also did not indicate where the medication would be applied. As such, the request for Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% is not medically necessary.

Gabapentin/Amitriptyline/Dextromethorpan 10/10/10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 112-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Guidelines note gabapentin is not recommended for topical application. As the Guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. Furthermore, it was unclear if the injured worker had any diagnosis which would be congruent with the Guideline recommendations. Additionally, the request as submitted did not indicate a dosage, frequency, or duration for the medication. It also did not indicate exactly where the medication was going to be applied. As such, the request for Gabapentin/Amitriptyline/Dextromethorphan 10/10/10% is not medically necessary.