

Case Number:	CM14-0081043		
Date Assigned:	08/11/2014	Date of Injury:	05/17/2003
Decision Date:	11/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 55-year-old female who sustained a remote industrial injury on 05/17/03 diagnosed with left total knee arthroplasty in 2011, right knee sprain rule out internal derangement, lumbar sprain, and right hip sprain. Mechanism of injury occurred when equipment fixtures struck the patient, causing the patient to sprain her lower leg. The request for lumbar spine facet joint injection was non-certified at utilization review due to the lack of documentation of the specific level for the proposed injection while the request for an outpatient MRI of the right knee was also non-certified at utilization review due to the lack of documentation of a right knee x-ray which is necessary prior to consideration of an MRI. Additionally, the request for one month trial of a TENS unit was non-certified at utilization review due to the lack of indication of ongoing treatment and lack of documentation of the body part the unit is intended to be used for. Lastly, the requests for Norco 10/325mg #60, Prilosec 20mg #60, and Celexa 20mg #30 were all non-certified at utilization review due to the lack of indication of any beneficial effects gained from the use of these medications. The most recent progress note provided is 05/28/14. Patient complains primarily of unbearable pain that is always at an intolerable level that she cannot handle. Patient reports that using her walker is difficult because she is having constant pain in both hands, her hip pain is extreme, and she feels a stabbing sensation whenever she goes to the restroom or sits down. Patient also reports that her pain is not under control with the assistance of medication. Physical exam findings reveal the patient is walking with a four-wheeled walker in a slightly flexed position, severe tenderness to palpation over the lumbosacral spine that is worse on the right posterior, superior iliac spine, restricted flexion and extension of the lumbosacral spine, tenderness on the right greater trochanter, severe weakness of the right lower extremities, and tenderness on the medial joint line of the right knee. Current medications are not adequately listed. It is noted that the patient will return to modified work duties with restrictions. The

treating physician is requesting right total hip replacement, an MRI of the right knee, a trial of a TENS unit for at least one month, a lumbar facet injection, and prescriptions of Celexa 20mg one tablet a day for depression, Prilosec 20mg one tablet twice a day for stomach protection, and Percocet 5/325mg one tablet twice a day for severe pain. Provided documents include a previous utilization review, previous progress reports that highlight the patient has been prescribed Celexa 10mg one tablet a day, Norco 10/325mg one tablet twice a day, and Prilosec 20mg one tablet twice a day since at least 02/26/14, a urine toxicology report dated 03/27/14 that is negative for Hydrocodone, and an operative report. A utilization review referral report, dated 02/06/14, includes the utilization review nurse notes that highlights on 04/12/13, the carrier authorized an MRI of the right knee. On 01/29/14, the treating physician highlights in the treatment plan that x-rays were conducted and the patient is waiting authorization for right knee surgery. The patient's previous treatments include physical therapy, left total knee arthroplasty, right carpal tunnel release, and medications. Imaging reports are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L/S spine facet joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GuidelinesODG (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, Facet joint diagnostic blocks (injections)

Decision rationale: According to ODG, the criteria for the use of diagnostic blocks are "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." In this case, the patient has symptoms and physical exam findings that may support a diagnosis of radiculopathy, specifically severe right extremity weakness and a stabbing sensation when she sits down. Further, imaging studies are not provided that support facet arthropathy and exam findings do not identify that the patient's pain is primarily facetogenic in nature. Lastly, the levels desired for the procedure to be performed at are not specified in the request and guidelines only support this procedure at two levels. As such, medical necessity is not supported and the request for L/S spine facet joint injection is non-certified. Therefore this request is not medically necessary.

Out-patient MRI right knee: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, MRIs (magnetic resonance imaging)

Decision rationale: According to ACOEM, "In absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks." In this case, provided documentation does not highlight specific red flags and it appears that an x-ray was conducted by another physician but the results of this study are not provided for review. ODG also cites, "Repeat MRIs are recommended if need to assess knee cartilage repair tissue." Provided documentation includes the utilization review nurse notes that highlight on 04/12/13, the carrier authorized an MRI of the right knee, but it is unclear whether this MRI was performed and what the results of this study were. Lastly, a thorough rationale behind the requested procedure is not provided. As such, medical necessity is not supported and the request for Out-patient MRI right knee is non-certified. Therefore this request is not medically necessary.

TENS unit trial, one month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to MTUS guidelines, "a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." Provided documentation does not support participation in and/or the medical necessity of a functional restoration program. Further, a trial is recommended after other pain modalities have failed. As the patient's response to other forms of treatment is not delineated, it cannot be discerned whether a TENS trial is appropriate at this time. MTUS guidelines further cite, "A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted," but such a treatment plan is not outlined. Further, the current request does not specify the body part intended for this treatment's use. Thus, medical necessity of TENS is not supported and non-certification of TENS unit trial, one month trial is recommended. Therefore this request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use.

There is also no documentation of a pain contract on file and the results of the most recent urine drug screen were negative for Hydrocodone, which is consistent with the patient's prescribed medications. Lastly, the dosing frequency of this medication is not specified in the request. For these reasons, the ongoing use of chronic opioids is not supported by MTUS guidelines and non-certification of Norco 10/325mg #60 is recommended. Therefore this request is not medically necessary.

Prilosec 20mg, #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS guidelines, the use of Proton Pump Inhibitors is recommended for patients with a high risk of gastrointestinal complications determined by the following criteria: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In this case, the treating physician does not specifically document any of the listed criteria for gastrointestinal complications that would necessitate the use of a PPI. Further, the patient has been prescribed this medication since at least 02/26/14 but there is no documentation of any relief provided with this medication and the dosing frequency of this medication is not specified in the request. As such, medical necessity is not supported and the request for Prilosec 20mg, #60 is non-certified. Therefore this request is not medically necessary.

Celexa 20mg #30: 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Utilization of antidepressants and antiepileptics are endorsed by evidence-based medicine criteria as a treatment option for chronic pain, particularly that which is neuropathic in nature. California MTUS guidelines specifically state, "Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Provided documentation identifies previous prescriptions of Celexa dating back to at least 02/26/14 but no functional benefit, including sleep quality and duration or a psychological assessment, is documented as a result of this medication. As such, the medical necessity of an antidepressant is not supported and non-certification of Celexa 20mg #30 is recommended. Therefore this request is not medically necessary.

