

Case Number:	CM14-0088282		
Date Assigned:	07/23/2014	Date of Injury:	09/21/2010
Decision Date:	09/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee surgery; unspecified amounts of physical therapy; and extensive periods of time off of work, per the claims administrator. In a utilization review report dated May 30, 2014, the claims administrator denied a request for a lumbar MRI, denied EMG testing of the lumbar spine, denied Prilosec, partially certified Naprosyn, and denied Norco. The applicant's attorney subsequently appealed. In a progress note dated January 21, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back and bilateral knee pain, reportedly worsening. The applicant was placed off of work, on total temporary disability. The applicant and/or attending provider complained that all of the applicant's medications with the exception of Naprosyn had been denied. It was stated that the applicant might ultimately need a total knee arthroplasty procedure. Naprosyn, Vicodin, Prilosec, and Tramadol were all prescribed. There was no mention of issues with reflux, heartburn, or dyspepsia, it was further noted. In a February 4, 2014 progress note, again sparse, difficult to follow, the applicant again presented with low back and bilateral knee pain. Naprosyn, Norco, Prilosec, and Tramadol were all endorsed. The attending provider stated that he was endorsing the brand-name version of each of the aforementioned drugs. The applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy. On February 17, 2014, attending provider indicated that he was refilling the applicant's medications telephonically. On February 17, 2014, the applicant reported worsening low back and knee pain. The applicant was again placed off of work, on total temporary disability. Naprosyn, Norco, Prilosec, and Tramadol were again refilled, again with no mention of medication efficacy. On

July 1, 2014, the applicant again reported persistent complaints of worsening low back and knee pain. The applicant reportedly had a normal motor exam, normal reflex exam, and normal sensory exam, the attending provider noted. The attending provider posited that there was no need for spine surgery in this case. Naprosyn, Prilosec, and Norco were endorsed while the applicant was placed off of work, on total temporary disability. The applicant's pain complaints were in the 8 to 9/10 range, it was noted. The note was extremely to follow, and did not follow standard SOAP format. On May 21, 2014, the applicant's primary treating provider again issued prescriptions for Naprosyn and tramadol, noting that the applicant's knee and back pain had worsened. The applicant again had no signs of radiculopathy on exam, the attending provider stated, noting normal motor, reflex, and sensory exam. The applicant was, once again, placed off of work. On May 6, 2014, the attending provider wrote a letter stating that the applicant was not a candidate for spine surgery, had no signs of lumbar radiculopathy and had a primary pain generator of knee pain. The attending provider complained that the claims administrator had acted in bad faith.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) on line treatment guidelines, magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, the applicant's primary treating provider (PTP) has written emphatically, on several occasions, in both May and July 2014, that the applicant is not a candidate for spine surgery, does not have any active radicular complaints or radicular signs, and, furthermore, is possessive of normal lower extremity neurologic exam. All the above, taken together, it shows that the applicant is not a candidate for spine surgery. Therefore, the request is not medically necessary.

EMG lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), electrodiagnostic testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, does recommend new EMG testing when necessary to clarify diagnosis of suspected nerve root dysfunction, in this case, however, the attending provider has stated emphatically on several occasions, including May and July 2014, that the applicant does not have any active radicular complaints or radicular signs. The attending provider stated that the applicant's pathology is emanating from the knee. There is, thus, no evidence of neurologic dysfunction, which would require clarification via EMG testing. Therefore, the request is not medically necessary.

Prilosec 20 mg #60 refill every two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitor such as Prilosec to combat issues with NSAID induced dyspepsia, in this case, however, there no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the cited progress notes, referenced above. No rationale for selection and/or ongoing usage of Prilosec was furnished by the attending provider. Therefore, the request is not medically necessary.

Anaprox 550 mg #60 refill every two weeks: 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 Anti-inflammatory Medications Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here. This recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The provided progress note suggested that the applicant's pain complaints are heightened from visit to visit, as opposed to reduced. The applicant is having difficult performing even basic activities of daily living, the attending provider has acknowledged. All the above, taken together, suggest a lack of functional improvement as defined in MTUS, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Hydrocodone 5/325 mg #60 refill every two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work, on total temporary disability. The provided progress note suggested that the applicant is having difficulty performing even basic activities of daily living, despite ongoing opioid usage with hydrocodone-acetaminophen. The applicant's pain complaints, furthermore, are seemingly heightened from visit to visit as opposed to reduced, despite Hydrocodone-acetaminophen usage. Therefore, the request is not medically necessary.