

Case Number:	CM14-0093738		
Date Assigned:	08/13/2014	Date of Injury:	08/25/2006
Decision Date:	10/02/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 records presented for review indicate that this 66 year old female was reportedly injured on August 25, 2006. The mechanism of injury is undisclosed. The most recent progress note, dated July 2, 2014 indicates that there are ongoing complaints of neck pain, low back pain, and bilateral knee pain. It was noted that the multiple medications were not certified in the preauthorization process. Also noted was that the injured employee deferred interventional spine procedures. Balance and gait issues are reported as well. The physical examination demonstrated tenderness to palpation a lower lumbar region, muscle spasms, a joint line tenderness in the bilateral knees. Diagnostic imaging studies were not reported. Previous treatment includes multiple medications, durable medical equipment, physical therapy and other pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol # 3, two (2) times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: The progress notes indicate this medication is indicated for ongoing complaints of pain. As outlined in the Medical Treatment Utilization Schedule (MTUS), this is for the management of controlling moderate to severe pain often used for intermittent or breakthrough pain. There clearly are ordinary diseases of life degenerative changes however based on the progress notes reviewed, there is no increase in functionality or decrease in pain complaints. Therefore, there is no objectified efficacy or utility with the continued uses medication. The request is not medically necessary.

Lidoderm 5%, apply every twelve (12) hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112 of 127.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), use of topical Lidocaine for individuals with neuropathic pain is supported however, based on the data presented there is no objectification of a neuropathic lesion. There are several nociceptive lesions however these are not amenable to this preparation. As such, there is insufficient clinical data indicating the clinical indication that there is any efficacy as the issue with uses medication. The request is not medically necessary.

Tramadol 50 mg, three (3) times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) treatment guidelines support the use of Tramadol (Ultram) for short term treatment of moderate to severe pain after there has been evidence of failure of a first line option and documentation of improvement in pain and function with the medication. Given the claimant's date of injury, the clinical presentation and current diagnosis, as well as the routine use of this medication three times a day the guidelines do not support the use of this medication. As such, this request is not considered medically necessary.

Sacral hiatus or soccygeal injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural Steroid Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The progress notes specifically note that the injured employee declined to pursue pain management. Furthermore, there is no data presented to support a clinical indication for such an injection. Therefore, based on the lack of any objective data, this request is not considered medically necessary.

Rollator Walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99 of 127.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), mobilization and exercise is encouraged in every aspect of the treatment. Furthermore, while noting there is some atrophy and issues with balance, this is best addressed with encouragement of maximal activity. Furthermore, there is limited clinical information presented to suggest the need for such a device. Therefore, based on the progress notes reviewed, this request is not medically necessary.

Single Point Cane: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: When considering the age of the injured employee, the multiple comorbidities and the issues with immobilization, this device would assist in maximizing the physical activities necessary to increase functionality. Therefore, based on the numerous ordinary disease of life comorbidities there is a clinical indication for a single point cane. This request is medically necessary.