

Case Number:	CM14-0185087		
Date Assigned:	11/13/2014	Date of Injury:	09/06/2013
Decision Date:	03/11/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old female sustained work related industrial injuries on September 6, 2013. The mechanism of injury involved a trip and fall on a corner board. The injured worker was diagnosed and treated for tear of medial meniscus right knee-cartilage and lumbar spine sprain and strain. Treatment consisted of laboratory studies, radiographic imaging, prescribed medications, consultations and periodic follow up visits. Per treating provider report dated 11/6/2014, physical exam revealed decrease range of motion of lumbar spine with spasm. Right shoulder revealed positive impingement. As of December 4, 2014, the injured worker remains temporarily totally disabled. The treating physician prescribed services for outpatient consultation to pain management, lumbar epidural steroid injection (ESI) at L4-L5, pharmacy purchase of topical compound creams, Naproxen 550mg #60, Omeprazole 20mg #60, Tramadol 150mg #60 now under review. On October 24, 2014, the Utilization Review (UR) evaluated the prescription for requested outpatient consultation to pain management, lumbar epidural steroid injection (ESI) at L4-L5, pharmacy purchase of topical compound creams, Naproxen 550mg #60, Omeprazole 20mg #60, Tramadol 150mg #60 on October 17, 2014. Upon review of the clinical information, UR non-certified the request for outpatient consultation to pain management, lumbar epidural steroid injection (ESI) at L4-L5, pharmacy purchase of topical compound creams, Naproxen 550mg #60, Omeprazole 20mg #60, Tramadol 150mg #60 lack of sufficient clinical documentation and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient consultation to pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Independent Medical Examinations, consultations, Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, outpatient consults to pain management is not medically necessary. Consultations are designed to aid in the diagnosis, prognosis and therapeutic management of patients. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; and right knee medial meniscal tear. Subjectively, the injured worker complains of low back pain 8/10 and right knee pain. There are no gastrointestinal complaints. Objectively, the injured worker has decreased range of motion at the lumbar spine. Right knee medial joint line tenderness is present. The remainder of the documentation is illegible. The documentation states "meds and topical cream". The specific names of medications are not listed. The documentation does not contain a clinical indication or rationale (physician's first report dated October 10, 2014) for consultation to a paid consultant. Consultations are designed to aid in the diagnosis and prognosis and therapeutic management of patients. This is the first visit and objective efficacy has yet to be determined. Consequently, absent clinical documentation to support objective treatment results with a clinical indication/rationale for outpatient pain management, outpatient consultation for pain management is not medically necessary.

Lumbar Epidural Steroid Injection (ESI) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Pain section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L4-L5 is not medically necessary. Epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain. The criteria for use of epidural steroid injections are numerate in the official disability guidelines. They include, but are not limited to, radiculopathy must be documented, objective findings on examination need to be present, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment;

repeat injections should be based on continued objective documented pain relief and decreased need for pain medications in the functional response; etc. In this case, the injured workers working diagnoses are lumbar spine sprain/strain; and right knee medial meniscal tear. Subjectively, the injured worker complains of low back pain 8/10 and right knee pain. There are no gastrointestinal complaints. Objectively, the injured worker has decreased range of motion at the lumbar spine. Right knee medial joint line tenderness is present. The remainder of the documentation is illegible. The specific names of medications are not listed. The documentation does not contain evidence of radiculopathy. Additionally, there are no imaging studies or electrodiagnostic studies to support the presence of radiculopathy. Consequently, absent clinical documentation containing criteria to support a lumbar epidural steroid injection, lumbar epidural steroid injection at L4-L5 is not medically necessary.

Pharmacy purchase of topical compound creams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, pharmacy purchase topical compound creams are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; and right knee medial meniscal tear. Subjectively, the injured worker complains of low back pain 8/10 and right knee pain. There are no gastrointestinal complaints. Objectively, the injured worker has decreased range of motion at the lumbar spine. Right knee medial joint line tenderness is present. The remainder of the documentation is illegible. The documentation states "meds and topical cream". The specific names of medications are not listed. Topical analgesics are largely experimental with few trials to determine efficacy and safety. Additionally, topical analgesics are indicated for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The subjective, objective and diagnoses enumerated in the physicians first report do not contain neuropathic signs or symptoms. There are no specific topical analgesics noted only "meds and topical cream". Consequently, absent clinical documentation to support the use of topical compound creams, pharmacy purchase topical compound creams are not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; and right knee medial meniscal tear. Subjectively, the injured worker complains of low back pain 8/10 and right knee pain. There are no gastrointestinal complaints. Objectively, the injured worker has decreased range of motion at the lumbar spine. Right knee medial joint line tenderness is present. The remainder of the documentation is illegible. The documentation does not contain a start date for naproxen. It is unclear how long the injured worker has been taking naproxen 550 mg. Additionally, there is no evidence of objective functional improvement with naproxen. Consequently, absent clinical documentation to support the ongoing use of Naproxen, Naproxen 550 mg #16 is not medically necessary.

Omeprazole 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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; and right knee medial meniscal tear. Subjectively, the injured worker complains of low back pain 8/10 and right knee pain. There are no gastrointestinal complaints. Objectively, the injured worker has decreased range of motion at the lumbar spine. Right knee medial joint line tenderness is present. The remainder of the documentation is illegible. The documentation does not contain comorbid conditions or past medical history compatible with gastrointestinal risk factors. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use etc. Consequently, absent documentation with risk factors for gastrointestinal events, Omeprazole 20 mg #60 is not medically necessary.

Tramadol 150mg #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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 150 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to pain and function. The patient should set goals and the continued use of opiates should be contingent on those goals. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; and right knee medial meniscal tear. Subjectively, the injured worker complains of low back pain 8/10 and right knee pain. There are no gastrointestinal complaints. Objectively, the injured worker has decreased range of motion at the lumbar spine. Right knee medial joint line tenderness is present. The remainder of the documentation is illegible. The start date for tramadol is not documented in the medical record. It is unclear how long the injured worker has been taking tramadol. The documentation does not contain evidence of objective functional improvement with tramadol use. Consequently, absent clinical documentation to support the ongoing use of tramadol without evidence of objective functional improvement tramadol 150 mg #60 is not medically necessary.