

Case Number:	CM14-0196412		
Date Assigned:	12/04/2014	Date of Injury:	01/08/2002
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 57-year-old male with a date of injury of 01/08/2002. According to progress report dated 11/04/2014, the patient presents with chronic low back and knee pain. Examination findings revealed "at the knee, he has tenderness along the joint line with no instability." Extension is 170 degrees and flexion is 90 degrees with tenderness along the joint line noted. There is tenderness along the lumbosacral area and straight leg raise test was noted as positive. The listed diagnoses are: 1. Chronic low back pain with postsurgical pain with a history of T12 to L1 fusion. 2. Right knee internal derangement, status post 3 arthroscopies starting in 2010. 3. Internal derangement of the left knee. 4. Chronic pain syndrome. The patient is permanent and stationary and currently not working. Treatment plan is for hot/cold wrap, CT myelogram or nerve studies, TENS unit, ELS brace, psychiatric consultation, and refill of medications. Utilization review denied the request on 11/04/2014. Treatment reports from 02/25/2014 through 11/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: 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) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for Ambien 10 mg #30. The MTUS and ACOEM Guidelines do not address Zolpidem (Ambien); however, Official Disability Guidelines states that Zolpidem is indicated for short-term treatment of insomnia with difficulty of sleep onset, 7 to 10 days. Review of the medical file indicates the patient has been prescribed this medication since at least 6/27/14. Based on Official Disability Guidelines, this medication is only recommended for short term use for the treatment of insomnia. The requested Ambien is not medically necessary.

Norco #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88-89, 78.

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for Norco #180. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been utilizing Norco since 5/19/14. Report from 6/30/14 documents a reduction in pain from 10/10 to 7/10 with utilizing Norco. Patient reports he is able to do light chores around the house, cook, clean and do the laundry. Without medications "he would have to hire someone to do these things for him." On 8/6/14, the patient reported ongoing decrease in pain from 10/10 to 7/10 with medications at the current doses. He continues to do household activities. It was noted that UDS screening has been consistent and there are no red flags. The patient reports improved quality of life and functional benefit with taking medications. The patient has a pain contract on file and no adverse side effects were noted. In this case, the treating physician has provided adequate documentation addressing the 4 A's for opiate management. The requested Norco is medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for Flexeril 7.5 mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." This is an initial request for Flexeril. In this case, the provider is requesting #60. The MTUS Guidelines support the usage of Cyclobenzaprine (Flexeril) for a short course of therapy, no longer than 2 to 3 weeks. The requested Flexeril is not medically necessary.

EMG/NCS of the Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography); Low Back chapter: Nerve conduction studies (NCS); Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS)

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for EMG/NCS of the bilateral lower extremities. The Utilization review denied the request stating that documentation does not demonstrate neurologic dysfunction. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ACOEM is silent on NCV testing of the lower extremities. Official Disability Guidelines (Online Low Back chapter: Nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Official Disability Guidelines for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." There is no indication that prior EMG/NCV testing has been provided. In this case, the patient has continued complaints of pain and radicular components, and further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV of the bilateral lower extremities is medically necessary.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for TENS unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the provider is requesting a TENS unit, but has not document a successful home one-month trial. The requested TENS unit is not medically necessary.

Scooter repair or new one: 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) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for scooter repair or a new one. Power Mobility Devices under MTUS page 99 states, "Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." The treating physician provides no rationale for this request. The examination findings noted "no instability," and mobility issues were not discussed. In addition, there is no documentation of upper extremity issues where a manual wheelchair cannot be considered. MTUS allows for power mobility devices when manual w/c is not feasible due to upper extremity weakness. Such is not demonstrated in this case. The requested scooter is not medically necessary.

CT myelogram for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59, 303.

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 - Lumbar & Thoracic (Acute & Chronic) chapter, Myelography

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for CT myelogram for lower back. The Official Disability Guidelines, under its low back chapter, states that myelography is not recommended except for selected indication

such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternal disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. The treating physician is requesting a CT scan "to address his spine." The patient has had a CT scan in 2008, MRI of the lumbar spine in 2007, X-ray of the lumbar spine in 2007 and an updated MRI on 8/28/14. The MRI dated 8/28/14 revealed s/p fusion from T12-L2, moderate DDD worst at L4-5 and 3mm disc bulge at L4-5. In this case, the patient does not meet the indication for a CT myelogram, and has successfully undergone a lumbar MRI which provided documentation as discussed above. The requested CT myelogram is not medically necessary.

Spinal consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Spinal consultation

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for a spinal consultation. ACOEM Practice Guidelines, Second Edition (2004), page 127 has the following, "The occupational health practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Given the patient's multiple clinical problems, history of surgery and complaints of continued pain, a spinal consultation is reasonable and supported by ACOEM. This request is medically necessary.

ELS brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter Online for knee braces

Decision rationale: This patient presents with chronic neck, low back, bilateral knee pain. The current request is for ELS brace. Official Disability Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." In this case, the patient has undergone 3 knee meniscus surgeries and has some residual loss of motion. There is some evidence of arthritic changes as well. The requested knee brace is medically necessary.