

<b>Case Number:</b>	CM14-0202792		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 injured worker is a 49 year old woman with a history of hypertension and diabetes and with a date of injury of 12/3/13. She was seen by her provider on 10/24/14 with complaints of low back pain with radicular symptoms to both lower extremities with difficulty walking and weakness. She was unable to put weight on her right ankle and was wearing a boot. She also had right wrist and shoulder pain, soreness and numbness. Her exam showed decreased range of motion of the lumbar spine with positive straight leg raise and Kemp's. Motor testing was 4+/5 in the L4-S1 distribution and reflexes were 1+. Her right wrist was tender to palpation over the flexor and extensor tendons with a positive Finkelstein's, Tinel's and Phalen's test. Her right ankle revealed tenderness to palpation over the medial and lateral joint lines and active range of motion was reduced. She ambulated with a slow gait with right ankle boot, right wrist brace and 4-prong cane. Her diagnoses included right shoulder strain/rotator cuff tendinitis, right wrist sprain/DeQuervain's tenosynovitis, lumbar spine sprain/strain, right knee sprain, right Achilles tendinitis and psychiatric complaints, deferred. At issue in this review is the request for dilaudid, Neurontin, a consultation with an internal medicine specialist and an MRI of the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics. Per the guidelines, in Opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The medical doctor visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Dilaudid to justify use per the guidelines. Additionally, the long-term efficacy of Opioids for chronic back pain is unclear but appears limited. The medical necessity of Dilaudid is not substantiated in the records. The request for Dilaudid is not medically necessary.

**Consultation with an Internal Medicine Specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. She has a history of diabetes and hypertension but there is no documented rationale as to why she requires an internal medicine consultation other than 'to get sugar level under control before proceeding with an invasive procedure' - steroid injection. There is no discussion of her medical comorbidities, the control of her hypertension or diabetes specifically. It is also not standard to have an internal medicine consultation prior to a joint injection. The medical necessity of an Internal Medicine Consultation is not substantiated in the records. The request for an Internal Medicine Consultation is not medically necessary.

**MRI of the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369 - 386.

**Decision rationale:** This injured worker has chronic right ankle pain and a diagnosis of right Achilles tendonitis. MRI can be useful to identify structural abnormalities but MRI is not listed as a test for tendonitis. Her right ankle revealed tenderness to palpation over the medial and lateral joint lines and active range of motion was reduced but there are no red flags noted on exam. Given the diagnosis of Achilles tendonitis and the absence of physical exam evidence of

red flags, a MRI of the right ankle is not medically indicated. The request for MRI of the right ankle is not medically necessary.