

Case Number:	CM14-0215741		
Date Assigned:	01/05/2015	Date of Injury:	02/09/2007
Decision Date:	03/16/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania
 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 is a 64 year-old female who has reported multifocal pain after falling on 2/9/07. The diagnoses include lumbar stenosis, lumbar herniated nucleus pulposus, lumbar degenerative disc disease, radiculopathy, and knee degenerative joint disease. Treatment has included spine and knee surgeries, medications, physical therapy, acupuncture, injections, and prolonged total disability work status. Per the primary treating physician/orthopedic surgeon reports from July to October, 2014, there was ongoing low back pain with radiation to the legs, and poor pain relief with medications. Cramps occur in the foot. Function abilities are very limited. Specific functional improvement with medications and psychological treatment is not described. Surgery for the spine was not recommended due to lack of a clear cause of pain. The treatment plans include a bone scan, home exercise, psychological follow-up, infectious disease evaluation for clearance prior to surgery of the lumbar spine, Norco, and orthopedic follow-up for the knee. There is a brief mention of a proposed knee joint replacement by another surgeon, and that a clearance is needed by a physician, possibly by infectious disease. The infectious disease physician apparently prescribed medications to be used prior to surgery, per the report of 11/17/14. The injured worker had undergone posterior/anterior interbody lumbar fusion at multiple levels on 10/11/11, with subsequent irrigation and debridement of postoperative wound infection on 10/26/11. A PMR physician evaluated the injured worker on 11/25/14. He noted ongoing back pain. He prescribed Zanaflex, medial branch blocks, Norco, Prilosec, Pamelor, ketoprofen cream, Ultracet, lumbar MRI, and a urine drug screen. The psychologist reports from July to December 2014 noted ongoing back and leg pain, mental illness, and ongoing symptoms.

No specific improvement was discussed. Monthly supportive treatment was recommended. The total quantity of visits completed was not discussed. Per an orthopedic surgeon's reports of 10/2/14 and 12/4/14, the injured worker had ongoing knee pain after falling in 2007. She had received prior knee injections and another steroid injection was given. The next visit was PRN as of 12/4/14. She was referred to a joint replacement specialist. Per a different orthopedic surgeon report of 10/21/14, there was ongoing knee pain and surgery (knee replacement) was recommended. On 12/15/14 Utilization Review non-certified follow-up with Infectious Disease, orthopedic visits for knee symptoms, unspecified visits with a pain psychologist, orphenadrine, and ketoprofen cream. 2 visits with a pain psychologist were certified. Specialist consultations were non-certified due to lack of specific indications and open-ended requests. Orphenadrine and ketoprofen were non-certified based on the MTUS. The MTUS and the Official Disability Guidelines were cited for the decisions. The Utilization Review referred to a Request for Authorization of 10/27/14. A Utilization Review of 11/10/14 certified a knee replacement with a medical evaluation. That UR noted a wound infection after a 2011 surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infectious disease follow-up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The available reports do not provide sufficient information to support a referral to an infectious disease specialist. The injured worker had a postoperative wound infection after lumbar fusion surgery in 2011. There was no documentation of ongoing issues with infection. The primary treating physician has not provided the indications other than referring to clearance prior to lumbar surgery. However, this same physician has recommended against lumbar surgery and there is no apparent pending lumbar surgery. It is possible that the primary treating physician is referring in some way to an upcoming knee surgery, as there is evidence in the records of such a surgery. Given all this, the referral to an infectious disease specialist is not medically necessary based on the lack of any clear indications.

Ongoing orthopedic follow up regarding knee complaints: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343.

Decision rationale: The request as stated is non-specific, does not list a quantity or diagnosis, and is not for any specific treatment. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The request is therefore not medically necessary based on the lack of sufficient information provided by the treating physician. The medical records provide evidence for a knee condition (osteoarthritis) for which specific treatment was rendered. Treatment requests related to this knee condition can be considered for medical necessity when those requests are specific, time-limited, and clearly described. The request has no specific number of visits, and must be taken as a request for an unlimited number into perpetuity. The MTUS, cited above, provides general recommendations for referrals to a surgeon. Other guidelines may be relevant when a more specific request is given. The request for Ongoing orthopedic follow up regarding knee complaints is not medically necessary.

On going follow-up pain psychologist: 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)- Psychotherapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Page(s): Pages 8-9; Page 23.

Decision rationale: The primary treating physician, who is the requesting physician, has provided practically no information regarding the medical necessity for ongoing visits with a pain psychologist. The MTUS provides specific recommendations, including a maximum quantity of visits for most cases (10 visits). There are no reports from the treating psychologist or the primary treating physician which discuss the quantity of visits completed, the specific benefits, or any functional improvement resulting from the psychotherapy. The psychologist reports do not show evidence of any significant benefit of ongoing treatment. The non-specific request from the primary treating physician is for open-ended psychotherapy independent of any quantity or results. The MTUS refers to "functional improvement" as the criterion for continued psychological care. Given the non-specific request, the unspecified number of visits to date, the MTUS recommendations, and the lack of any apparent benefit, further visits with a pain psychologist are not medically necessary.

Orphenadrine Citrate 100mg ER #60: Upheld

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

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured

worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing of various muscle relaxants has occurred consistently for months. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, orphenadrine is not indicated and is not medically necessary.

ketoprofen cream 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications. Page(s): 60,111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medication prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Assessment of specific benefit is not present in the records. In addition to any other reason for lack of medical necessity for this topical agent, it is not medically necessary on this basis at minimum. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. It is not clear that topical ketoprofen was not prescribed for back pain in this case. Note that topical ketoprofen is not FDA approved, and is not recommended per the MTUS. Note that as topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical ketoprofen in this case is not medically necessary for the reasons listed above.