

<b>Case Number:</b>	CM14-0216844		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	02/09/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male with a date of injury of 02/09/2014. According to progress report dated 11/24/2014, the patient presents with upper back, bilateral elbow, right hand, low back, and feet pain. Physical examination of the cervical spine revealed tenderness to palpation with muscle spasm of the upper trapezius muscles. The patient has limited range of motion secondary to pain. Pinwheel sensory dermatome C5 through T1 is intact, and strength is noted as 2+/5. Examination of the upper extremities including elbows and forearms revealed tenderness to palpation of the bilateral olecranon with limited range of motion secondary to pain. There is a positive cubital Tinel's bilaterally and strength is noted as 2+/5. Examination of the wrist/hand revealed proximal interphalangeal joints of the right third through 5th digits are flexed at 20 degrees; however, he is able to make a full fist bilaterally. There is tenderness to palpation of the right carpal bones and decreased strength grip on the right. Examination of ankles/foot revealed tenderness to palpation of the bilateral plantar ligaments and limited range of motion secondary to pain. Toe range of motion is full without pain on the right and decreased with pain on the left. 2+ DP and PT pulses are noted. Examination of the thoracolumbar spine revealed tenderness to palpation with muscle spasms of the paraspinals and bilateral sacroiliitis. There is limited range of motion secondary to pain and positive sitting root test. X-ray of the left foot dated 09/05/2014 revealed plantar spur and mild hallux valgus and degenerative changes of the first metatarsophalangeal joints. X-ray of the bilateral feet dated 10/23/2014 revealed on the right foot a hallux valgus deformity and plantar calcaneal enthesophyte and on the left foot, orthopedic fixation plate with screws seen projecting over the visualized distal tibia and hallux valgus

deformity and plantar calcaneal heel enthesophyte. The listed diagnoses are: 1. Hand laceration, right and left. 2. Thoracic spine sprain/strain. 3. Lumbar spine sprain/strain. 4. Muscle spasms. 5. Bilateral elbow sprain/strain. 6. Clinical ulnar neuritis. 7. Clinical plantar fasciitis. 8. Bilateral feet spurs. 9. Bilateral foot hallux valgus deformity. 10. Shortness of breath. Treatment plan was for patient to continue with Functional Restoration, acupuncture 2 times a week for 6 weeks, MRI of the bilateral elbow, lumbar spine, right hand, and bilateral feet, EMG/NCV of the bilateral lower extremity, podiatry consultation, and prescription for tramadol 50 mg and Tylenol 500 mg was dispensed. The patient was instructed to follow up in 4 to 6 weeks, and a urine sample was collected and sent to the lab. The patient is temporarily totally disabled for 8 weeks. The utilization review denied the request on 12/09/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the Bilateral Elbows: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow chapter, MRI

**Decision rationale:** This patient presents with neck, low back, bilateral elbow, bilateral wrist/hand, and feet pain. The current request is for MRI bilateral elbows. The utilization review denied the request stating that there is no documentation of significant functional limitation and no mention of conservative treatment for the bilateral elbows prior to requesting an imaging study. Examination of the elbows revealed tenderness to palpation in the bilateral olecranon with limited range of motion secondary to pain and positive cubital Tinel's bilaterally. The ODG Guidelines under the Elbow chapter has the following regarding MRI of the elbow, recommended as indicated below. (Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint.) In this case, there are no significant objective findings of the elbow, but given the patient's complaints of continued pain and decreased ROM, an MRI for further investigation may be warranted. ODG allows for an MRI for various different diagnoses of the elbow. The MRI of the elbows is medically necessary.

#### **MRI of the lumbar spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

**Decision rationale:** This patient presents with neck, low back, bilateral elbow, bilateral hand/wrist, and feet pain. The current request is for MRI of the lumbar spine. The utilization review denied the request stating that there is no evidence of emergence of any red flags for serious spinal pathology and there is no documentation of significant functional limitation. The patient presents with tenderness to palpation with muscle spasms of the paraspinals and bilateral sacroiliitis, limited range of motion secondary to pain, and a positive sitting root test. For special diagnostics, ACOEM Guidelines page 303 states, "unequivocal objective findings that identify specific nerve compromise in the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Given there is no documentation of prior MRI of the lumbar spine and positive findings on examination, the requested MRI is medically necessary.

**MRI of the bilateral feet:** 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 Ankle and Foot chapter, MRI

**Decision rationale:** This patient presents with neck, low back, bilateral elbow, bilateral hands/wrist, and feet pain. The current request is for MRI of the bilateral feet. The utilization review denied the request stating that there is no documentation of significant functional limitation. The ODG Guidelines under its ankle and foot chapter has the following regarding MRI, imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. The patient has undergone left foot x-ray on 09/05/2014 and bilateral feet x-ray on 10/23/2014. In this case, the treating physician does not discuss significant change upon examination, and there is no change in diagnosis to warrant additional imaging. Given the results of these recent studies, an MRI is not medically necessary.

**Tylenol 500 mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11-12.

**Decision rationale:** This patient presents with neck, low back, bilateral elbow, bilateral wrist/hand, and feet pain. The current request is for Tylenol 500 mg #60. The utilization review

denied the request stating that there was no mention of acute exacerbation of chronic pain. While treatment may be considered for chronic pain, there is indication of elevated liver function test in this patient. Plan is to address this elevation in the phase of a potentially hepatotoxic agent have not been stated. The MTUS, Chronic Pain Guidelines page 11-12 has the following regarding Acetaminophen, "Recommended for treatment of chronic pain and acute exasperations of chronic pain. With new information questioning the use of NSAIDs, Acetaminophen should be recommended on a case-by-case basis." This appears to be an initial request for Tylenol. MTUS Guidelines recommend Tylenol as a first line therapy for low back pain. The requested Tylenol 500 mg is medically necessary.

**MRI of the right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist/hand chapter, MRI

**Decision rationale:** This patient presents with neck, low back, bilateral elbows, bilateral wrist/hand, and feet pain. The current request is for MRI of the right hand. The utilization review denied the request stating that there is no documentation of significant functional limitation and no attempt at conservative treatment. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." Given the patient's chronic condition, ODG guidelines are consulted. For MRI of the hand/wrist, ODG guideline recommends magnetic resonance imaging when there is suspicion of a soft tissue tumor or Kienbock's disease. In this case, there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor or Kienbock's disease to warrant an MRI of the hand. This request is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 and 88-89.

**Decision rationale:** This patient presents with neck, low back, bilateral elbow, bilateral wrist/hand, and feet pain. The current request is for Tramadol 50mg #60. For chronic opioid use, the 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 4As (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. The patient has been utilizing Tramadol since 9/5/14. The treating physician's report dated 11/24/14 states that pain medications provide relief. There is no further discussion regarding the efficacy of this medication. In this case, recommendation for further use of Tramadol cannot be supported as there are no discussions regarding functional improvement, changes in ADL's, or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with using long term opiate. A Urine Drug Screen was provided, but there are no discussions regarding possible aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Tramadol is not medically necessary.