

Case Number:	CM15-0102699		
Date Assigned:	06/05/2015	Date of Injury:	03/18/2014
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York

Certification(s)/Specialty: Emergency 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:

The injured worker is a 57 year old male who has reported multifocal pain after falling on 03/18/2014. The diagnoses have included cervical sprain, disc herniations, left shoulder sprain and labral tear, bilateral knee sprains, lumbosacral sprain, lumbar disc herniation, and status post left shoulder arthroscopy and decompression on 12/16/2014. A right knee MRI on 12/3/14 was normal. An EMG from 2013 was reported as showing no radiculopathy in any extremity. There is no cervical MRI report in the records. Treatment has included medications, lumbar epidural injection, physical therapy, chiropractic, and shoulder surgery. Chronic medications have included Norco, Flexeril, meloxicam, lorazepam, and Protonix. Reports during 2014-2015 show ongoing prescribing of Norco, Flexeril, and meloxicam. Blood pressure was elevated when measured at a pre-operative evaluation. There was ongoing shoulder, back, neck, and knee pain. None of the reports described the specific results and benefits for any of the medications. As of 04/17/2015, there was back, neck, and bilateral upper extremity pain with paresthesias. There was knee pain with popping and catching. There were no specific neurological deficits in the upper extremities. There was joint line tenderness, patellar crepitus, and a mildly painful McMurray's test for the right knee. The cervical MRI reportedly shows "moderate disc herniations". Prior cervical epidural steroid injections on unspecified dates provided pain relief for 2-5 months. A knee MRI with contrast was recommended due to possible pathology that was not detected on the prior MRI. Medications were refilled, with no discussion of the indications or results of use. The work status was modified. A lumbar support was for "comfort and support". On 5/15/15 Utilization Review non-certified Norco, a lumbar support, cervical epidural steroid

injection, and a knee MRI. The Official Disability Guidelines and the MTUS were cited. Note was made of a prior knee MRI in December 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. None of the available reports discuss the specific results of using Norco. The prescribing physician does not specifically address function with respect to prescribing opioids. There is no evidence of significant pain relief or increased function from the opioids used to date. There was no work status evident on the reports prior to the December surgery. No specific functional improvement from opioids was described. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program. The injured worker is no longer in the acute post-operative period; any current use of opioids would be for chronic pain. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Lumbar support: 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), chapter low back lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, page 138, lumbar supports.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The

use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security". The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. The treating physician has not provided any specific evidence to counter these guideline recommendations. The lumbar brace is therefore not medically necessary.

Cervical epidural injection at C-5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter, epidural steroid injection.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is poor evidence supporting cervical epidural steroid injection for radicular pain. The latest recommendations from the Official Disability Guidelines are that cervical epidural steroid injection are "not recommended" due to risks of injury and death. The Official Disability Guidelines cite the FDA's Anesthetic and Analgesic Drug Products Advisory Committee in support of this recommendation. The treating physician has not provided any evidence to counter this recommendation. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. There is no formal MRI report, and the MRI findings cited by the treating physician are not specific for radiculopathy. The treating physician has referred to prior pain relief from cervical epidural steroid injection but did not give dates or the specific results per the MTUS recommendations. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case, as well as the Official Disability Guidelines recommendations against cervical epidural steroid injection.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 344-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, MR arthrography.

Decision rationale: The treating physician has stated in his report that he wished to have an MRI with contrast. The request to Independent Medical Review is for a plain MRI. This review is for the contrast MRI, although it would apply to a repeat MRI as well. Per the ACOEM Guidelines Page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. Page 343 lists surgical indications: activity limitation for more than one month, failure of an exercise program. Page 347 lists the clinical findings which indicate the need for surgery. In this case the question would be whether there is a realistic possibility of significant intra-articular pathology and need for surgery after a failure of conservative care. The available reports do not adequately explain the kinds of conservative care already performed. The knee exam findings are non-specific. Pain with McMurray testing is not a positive test. The Official Disability Guidelines recommend MRI arthrography only as a post-operative test, which is not the clinical scenario here. The prior MRI was normal, rendering the medical necessity for a repeat test questionable. The MRI is not medically necessary based on the MTUS, the Official Disability Guidelines, and lack of specific indications.