MAXIMUS Federal Services

Case Number:	CM15-0104010		
Date Assigned:	06/08/2015	Date of Injury:	01/03/2014
Decision Date:	07/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32-year-old who has filed a claim for chronic low back, hip, and knee pain reportedly associated with an industrial injury of January 3, 2014. In a utilization review report dated April 30, 2015, the claims administrator failed to approve requests for knee MRI imaging, tramadol, Norco, and Neurontin. The claims administrator referenced an April 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 20, 2015, Norco, tramadol, and Flexeril were renewed. In a progress note dated May 19, 2015, the applicant was given a rather proscriptive 25-pound lifting limitation. Lumbar MRI imaging had apparently demonstrated multilevel disc extrusions at L4-L5 and L5-S1 of uncertain clinical significance. The applicant had a pending medical-legal evaluation, it was reported. 5/5 lower extremity strength was noted. Tramadol, Norco, and Flexeril were renewed, without any seeming discussion of medication efficacy. In a medical-legal evaluation dated April 29, 2015, the applicant contended that she had 8/10 pain complaints. The applicant acknowledged that she was not working and had not worked since the date of injury. The applicant had failed physical therapy, manipulative therapy, and acupuncture, she reported. The applicant acknowledged that activities of daily living as basic as bathing, dressing, sitting, standing, reclining, lifting, and sleeping all remain problematic. In a progress note dated April 7, 2015, the applicant reported ongoing complaints of low back and knee pain, highly variable, 5/10 to 8/10. The applicant denied but stated that she felt that climbing stairs, walking, and driving were problematic. The applicant reported issues with asthma and anxiety. The applicant was on tramadol, Neurontin,

and Norco, it was reported. The applicant exhibited a painful McMurray maneuver coupled with medial and lateral joint line tenderness about the knee. MRI imaging of the knee, MRI imaging of the lumbar spine, tramadol, Norco, and Neurontin were endorsed. The requesting provider was a physiatrist, it was acknowledged any locking about the knee

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: No, the request for MRI imaging of the right knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that knee MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was suspected here, ACOEM qualifies its position by noting that such testing should be employed only if surgery is being considered or contemplated. Here, however, there is no mention the applicant is actively considering or contemplating any kind of surgical intervention involving the knee based on the outcome of the study in question. The requesting provider was a physiatrist, not a knee surgeon, reducing the likelihood of the applicant's acting on the results of the knee MRI in question. The fact that lumbar MRI imaging and knee MRI imaging were concurrently ordered significantly reduce the likelihood of the applicant's acting on the results of either study and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Tramadol 50mg #60 with 1 refill;: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple office visits, referenced above. The applicant continued to report pain complaints as high as 5/10 to 8/10 on an office visit dated April 7, 2015. On a medical-legal evaluation dated April 29, 2015, the applicant reported that activities of daily living as basic as bathing, dressing, sitting, reclining, walking, climbing, lifting, and driving all remain problematic. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy or tramadol. Therefore, the request was not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93, 94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as reported on multiple occasions, referenced above, including on a medical-legal evaluation of April 29, 2015, at which point it was suggested that the applicant had not worked since the date of injury. The applicant continued to report pain complaints as high as 5/10 to 8/10, per an office visit of April 7, 2015, in spite of ongoing Norco usage. The applicant reported that activities of daily living as basic as sitting, standing, driving, and negotiating stairs remain problematic, stated on medical-legal evaluation of April 29, 2015. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit with ongoing Norco usage. Therefore, the request was not medically necessary.

Gabapentin 300mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Finally, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, as acknowledged above, despite ongoing gabapentin usage. The applicant continued to report pain complaints as high as 5/10 to 8/10, despite ongoing gabapentin usage. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, driving, and walking, as reported above. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.