

Case Number:	CM15-0109758		
Date Assigned:	06/17/2015	Date of Injury:	05/18/2011
Decision Date:	09/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old female who sustained an industrial injury on 05/18/14. Initial complaints and diagnoses are not available. Treatments to date include medications, rest, home exercise program, and acupuncture. Diagnostic studies are not addressed. Current complaints include diffuse bilateral upper and lower extremity, cervical, head, neck, and back pain. Current diagnoses include rotator cuff syndrome, lumbar disc herniation, and internal derangement of the knee. In a progress note dated 05/01/15 the treating provider reports the plan of care as MRIs of the lumbar spine, right shoulder, and right knee, medications including CAOS-STGC and Norco, and a 1 month rental of a home interferential unit. The requested treatments include as MRIs of the lumbar spine and right knee, medications including CAOS-STGC and Norco, and a 2-month rental of a home interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 43 year old female has complained of neck pain, back pain, shoulder pain and knee pain since date of injury 5/18/14. She has been treated with acupuncture, physical therapy and medications. The current request is for MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342.

Decision rationale: This 43 year old female has complained of neck pain, back pain, shoulder pain and knee pain since date of injury 5/18/14. She has been treated with acupuncture, physical therapy and medications. The current request is for MRI of the right knee. Per the MTUS guidelines cited above, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There is inadequate documentation in the available medical records of a trial of conservative care and observation. Additionally, there is inadequate objective evidence documented in the available medical records of any knee abnormalities on physical examination. On the basis of the available medical records and per the MTUS guidelines cited above, MRI of the right knee is not medically necessary.

Topical Compound: CAPS-STGC, quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 43 year old female has complained of neck pain, back pain, shoulder pain and knee pain since date of injury 5/18/14. She has been treated with acupuncture, physical therapy and medications. The current request is for topical compound: CAPS-STGC. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is

largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, topical compound CAPS-STGC is not medically necessary.

Norco 10/325mg quantity 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old female has complained of neck pain, back pain, shoulder pain and knee pain since date of injury 5/18/14. She has been treated with acupuncture, physical therapy and medications to include opioids since at least 11/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Interferential Stimulator Unit home trial for 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

Decision rationale: This 43 year old female has complained of neck pain, back pain, shoulder pain and knee pain since date of injury 5/18/14. She has been treated with acupuncture, physical therapy and medications. The current request is for an interferential stimulator unit home trial for 60 days. Per the MTUS guidelines cited above, an interferential unit is not recommended in the treatment of chronic low back pain. There is no evidence based medical literature to support the use of an interferential unit in the treatment of low back pain. On the basis of this lack of medical evidence for the efficacy and recommendation of an interferential unit in the treatment of back pain, the request for an interferential stimulator unit home trial for 60 days is not medically necessary.