MAXIMUS Federal Services

Case Number:	CM15-0136990		
Date Assigned:	08/03/2015	Date of Injury:	04/03/2006
Decision Date:	09/15/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/15/2015

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: Pediatrics, 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:

The injured worker is a 54 year old, female who sustained a work related injury on 4-03-2006. The diagnoses have included myofascial pain syndrome, lumbar spine strain, right knee pain and lumbar spine symptoms. Treatments have included oral medications, medicated topical gel, physical therapy, lumbar epidural injections and lumbar spine surgery. In the PR-2 dated 6-02-2015, the injured worker reports increased problems with activities of daily living with back issues. She reports spasms and numbness of the right leg. She reports pain in right knee with decreased strength. On physical exam, she has decreased strength and sensation of right knee. She has a positive right straight leg raise. McMurray's test is positive with right leg. She has a scar to lumbar spine. She is not working. The treatment plan includes prescriptions for medications, requests for a right knee brace, for a lumbar spine brace and for an MRI of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per CA MTUS guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) usually prescribed for osteoarthritis or pain. This injured worker has not been diagnosed with osteoarthritis. The provider doesn't state why the Naproxen was ordered. There have been no documented improvements with his functional capabilities or changes in his pain levels from treatments already prescribed and utilized. There is insufficient documentation of any pain levels or functional capabilities. Therefore, the requested treatment of Naproxen is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenazprine, Muscle Relaxants Page(s): 41-42, 63-64.

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical." Flexeril is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long term use of Flexeril is not recommended. This medication has been in use a minimum of 6 months. There is insufficient documentation on the effectiveness of pain relief or the relief of muscle spasms with the use of Flexeril. Since long term use of Flexeril is not recommended and there is insufficient documentation on spasm relief, the request for Flexeril is not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per CA MTUS guidelines, Omeprazole (Prilosec) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has no risk factors such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). She does not have any gastrointestinal complaints. She does not have any of the risk factors listed to support use of this medication. Therefore, the requested treatment of Omeprazole is not medically necessary.

Neurontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs, Gabapentin, Neurontin Page(s): 16-22, 49, 67.

Decision rationale: Per CA MTUS guidelines, Neurontin (Gabapentin) "is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. (Chou, 2007)" It is recommended for use in clients with chronic neuropathic pain. She does complain of numbness in right leg. There are no neurodiagnostic studies included in the medical records that demonstrate neuropathy. There is insufficient documentation on pain levels and functional capabilities. She has taken this medication for a minimum of 6 months. Because of these reasons, the requested treatment of Neurontin is not medically necessary.

Acupuncture x8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per CA MTUS guidelines, Acupuncture Medical Treatment Guidelines, "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." There is insufficient documentation if medications aid in pain and spasm relief. There is insufficient documentation of functional capabilities and if current treatments are aiding in improved functional capabilities. The requested treatment of acupuncture is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Urine drug test.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, NSAIDS Page(s): 43, 67-73.

Decision rationale: Per CA MTUS guidelines, urinalysis is used as a way of drug testing, "Recommended as an option, using a urine drug screen to assess for the use or the presence of

illegal drugs." She is not taking any opiate medications that warrant the use of urinalysis drug screening. Therefore, the requested treatment of a urine drug screen is not medically necessary.

MRI of right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- MRI- Knee.

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

Decision rationale: Per the CA MTUS, ACOEM guidelines, MRI of the knee may be useful in diagnosing knee pathology such as meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." The provider does not specify why he is requesting an MRI of the knee for this injured worker. Documentation does not support worsening symptoms with the right knee. The requested treatment of an MRI of the right knee is not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Thoracic and Lumbar, Lumbar Supports.

Decision rationale: Per the ODG, lumbar supports are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence)." She injured her lower back over 9 years ago. Because the lumbar support is considered a possible treatment for a low back injury within 1-3 months of injury, her injury is over 5 years old, and the evidence of effectiveness of lumbar bracing is low quality, the requested treatment of a lumbar brace is not medically necessary.

Knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Criteria for the use of knee braces.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Per the CA MTUS, ACOEM guidelines, "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medial collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The provider does not state why the injured worker needs a knee brace. Her injury is 9 years old. There is no indication that knee symptoms have worsened, she is being considered for surgery or that she is or will participate in a rehabilitation program. The requested treatment of a knee brace is not medically necessary.