

Case Number:	CM15-0163595		
Date Assigned:	08/31/2015	Date of Injury:	08/25/1998
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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 injured worker is a 69 year old male, who sustained an industrial injury on 8-25-98. The diagnoses have included lumbar spine strain, lumbar degenerative joint disease (DJD), status post right knee arthroscopy; status post left knee arthroscopy, and chronic laxity of the lateral ligaments of the left ankle. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, pain management and other modalities. Currently, as per the physician progress note dated 7-8-15, the injured worker complains of increased discomfort in the left ankle and has been limping at the end of the day. It is also noted that he has had some improvement following recent lumbar epidural steroid injection (ESI) but remains symptomatic. The diagnostic testing that was performed included X-rays of the right ankle. The current medications included Norco, Ketoprofen, Fexmid, and Protonix. The objective findings-physical exam reveals that the injured worker walks with a slight antalgic gait due to left knee pain. The exam of the lumbar spine reveals tenderness to palpation, increased discomfort with lumbar range of motion and flexion is 30 degrees, right lateral bending is 20 degrees, left lateral bending is 25 degrees, right lateral rotation is 25 degrees left lateral rotation is 30 degrees and extension is 15 degrees. The exam of the left ankle reveals tenderness to palpation over the lateral ligaments and anterolateral joint line. There is decreased mild range of motion of the left ankle. The physician notes that the injured worker is to continue with medications and that he will order Magnetic Resonance Imaging (MRI) of the left ankle and lumbar spine to help guide the treatment. There is no previous urine drug screen reports noted and there is no previous diagnostic reports noted. The physician requested treatments included Magnetic Resonance

Imaging (MRI) of left ankle, Magnetic Resonance Imaging (MRI) of the lumbar spine, Norco 5-325 mg #60, Fexmid 7.5 mg #60 and Protonix 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left ankle: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://odg-twc.com/odgtwc/ankle.htm>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot chapter under Magnetic resonance imaging (MRI).

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with left ankle pain. The patient also limps with antalgic gait and knee pain. The request is for MRI Of Left Ankle. Patient's diagnosis per Request for Authorization form dated 07/17/15 includes lumbar sprain, lumbar degenerative joint disease/disc protrusion, and after care following surgery for injury and trauma. Diagnosis on 07/08/15 included chronic laxity of lateral ligaments of the left ankle. Physical examination of the left ankle on 07/08/15 revealed tenderness to palpation over the lateral ligaments and anterolateral joint line. Range of motion was mildly decreased. X-ray of the left ankle, per 07/08/15 "demonstrates mild degenerative changes." Treatment to date has included activity modifications, diagnostics, knee surgery, physical therapy, pain management, and medications. Patient's medications include Norco, Fexmid, Protonix and Ketoprofen. Patient's work status not provided. ODG guidelines, Ankle & Foot chapter under Magnetic resonance imaging (MRI) state: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The guidelines also state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Treater has not provided reason for the request. The patient continues to have pain despite conservative care. ODG supports the use of MRIs for ankle pain as it "provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography." Given the continued pain and diagnosis, the request appears reasonable and in accordance with guidelines. Provided progress reports do not indicate prior MRI of the left ankle has been done. Therefore, the request is medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Low Back Pain 2007 revision; Work Loss Data Institute ODG, Low Back Section (updated 3/14/11); http://odg-twc.com/odgtwc/low_back.htm#Radiography.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic Chapter, under MRIs.

Decision rationale: Based on the 05/27/15 progress report provided by treating physician, the patient presents with low back pain. The request is for MRI Of The Lumbar Spine. Patient's diagnosis per Request for Authorization form dated 07/17/15 includes lumbar sprain, lumbar degenerative joint disease/disc protrusion, and after care following surgery for injury and trauma. Treatment to date has included activity modifications, diagnostics, knee surgery, physical therapy, pain management, and medications. Patient's medications include Norco, Fexmid, Protonix and Ketoprofen. Patient's work status not provided. MTUS/ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines, Low Back-Lumbar and Thoracic Chapter, under MRIs states that MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit. Per 07/08/15 report, treater states "Authorization for MRI. Lumbar spine is requested based upon medically reasonable treatment requirement." Physical examination to the lumbar spine on 05/27/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion in all planes. Orthopedic test results were unremarkable. Negative SLR, Rectus femoris and Fabere tests. The patient continues with back pain but there are no documented neurological deficits or physical exam findings to warrant the request. Treater has not provided medical rationale, either. This request does not meet guideline indications. Therefore, the request is not medically necessary.

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 05/27/15 progress report provided by treating physician, the patient presents with pain to low back, knee and left ankle. The patient is status post right knee arthroscopy 2011, 2013, and left knee arthroscopy 1999, 2001. The request is for Norco 5/325 mg #60. Patient's diagnosis per Request for Authorization form dated 06/09/15 includes lumbar sprain, lumbar degenerative joint disease/disc protrusion, and after care following surgery for

injury and trauma. Physical examination to the lumbar spine on 05/27/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion in all planes. Examination of the left ankle on 07/08/15 revealed tenderness to palpation over the lateral ligaments and anterolateral joint line. Range of motion was mildly decreased. Treatment to date has included activity modifications, diagnostics, knee surgery, physical therapy, pain management, and medications. Patient's medications include Norco, Fexmid, Protonix and Ketoprofen. Patient's work status not provided. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, 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. MTUS, Criteria For Use Of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications, per progress reports dated 04/21/15, 05/27/15, and 07/08/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Based on the 05/27/15 progress report provided by treating physician, the patient presents with pain to low back, knee and left ankle. The patient is status post right knee arthroscopy 2011, 2013, and left knee arthroscopy 1999, 2001. The request is for Fexmid 7.5 Mg #60. Patient's diagnosis per Request for Authorization form dated 06/09/15 includes lumbar sprain, lumbar degenerative joint disease/disc protrusion, and after care following surgery for injury and trauma. Physical examination to the lumbar spine on 05/27/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion in all planes. Examination of the left ankle on 07/08/15 revealed tenderness to palpation over the lateral ligaments and anterolateral joint line. Range of motion was mildly decreased. Treatment to date has included

activity modifications, diagnostics, knee surgery, physical therapy, pain management, and medications. Patient's medications include Norco, Fexmid, Protonix and Ketoprofen. Patient's work status not provided. MTUS, Muscle relaxants (for pain) section, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodonal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Fexmid has been included in patient's medications, per progress reports dated 04/21/15, 05/27/15, and 07/08/15. It is not known when this medication was initiated. MTUS recommends Fexmid, only for a short period (no more than 2-3 weeks). The patient has been prescribed Fexmid at least since 04/21/15, which is almost 3 months from UR date of 07/17/15. The request for additional prescription of Fexmid would exceed guideline recommendations. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Protonix 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 05/27/15 progress report provided by treating physician, the patient presents with pain to low back, knee and left ankle. The patient is status post right knee arthroscopy 2011, 2013, and left knee arthroscopy 1999, 2001. The request is for Protonix 20 Mg #60. Patient's diagnosis per Request for Authorization form dated 06/09/15 includes lumbar sprain, lumbar degenerative joint disease/disc protrusion, and after care following surgery for injury and trauma. Physical examination to the lumbar spine on 05/27/15 revealed tenderness to palpation to the paraspinal muscles and decreased range of motion in all planes. Examination of the left ankle on 07/08/15 revealed tenderness to palpation over the lateral ligaments and anterolateral joint line. Range of motion was mildly decreased. Treatment to date has included activity modifications, diagnostics, knee surgery, physical therapy, pain management, and medications. Patient's medications include Norco, Fexmid, Protonix and Ketoprofen. Patient's work status not provided. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." Protonix has been included in patient's medications, per progress reports dated 04/21/15, 05/27/15, and 07/08/15. It is not

known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.