

Case Number:	CM15-0037985		
Date Assigned:	03/20/2015	Date of Injury:	11/30/2009
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/27/2015

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: Orthopedic Surgery

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 (IW) is a 49-year-old female who sustained an industrial injury on 11/30/2009. She experienced knee pain when her right knee buckled on the job. She received conservative treatment. An intraarticular steroid injection was done. On 08/06/2010, she had arthroscopic knee surgery for right knee degenerative joint disease and lateral meniscus tear. She has had intermittent ongoing pain in the right knee, and experienced a deep vein thrombosis in the right leg in 2013. She had physical therapy and walked with a knee brace. On 02/20/2014, the worker had an operative arthroscopy, synovectomy, chondroplasty and meniscetomy, laterally and medially, lateral retinacular release, and medial capsular imbrication on the right knee. She had physical therapy and pain medications but continued to have pain in the right knee. Evaluations of the right knee were done with the treatment plan for a hemiarthroplasty of the right knee. The worker has developed low back pain since surgery in 2014 from limping while awaiting more surgical intervention to the right knee. The injured worker was diagnosed as having internal derangement of the knee on the right, and deep vein thrombosis of the right lower extremity. Exam note 1/20/15 demonstrates back pain since surgery in 2014. Tenderness was noted on the lateral knee with satisfactory motion and weakness to resisted function. Currently, the injured worker complains of right knee and low back pain with numbness and tingling of the leg. The current treatment requests include; a hemiarthroplasty of the right knee, a TENS (Transcutaneous Electrical Nerve Stimulation) unit , a Hot and cold wrap , MRI of the lumbar spine with contrast, Unknown sessions of physical therapy, Mirtazapine 15mg #30, Pantoprazole 20mg #60, Venlafaxine ER 75mg #60, Nalfon 400mg #60, a Urine drug screen, Unknown prescription of Lunesta, and Unknown psychiatric sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to CA MTUS/(ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient, there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 1/20/15. There is no documentation nerve root dysfunction or failure of a treatment program such as physical therapy. Therefore, the request of the MRI of the lumbar spine is not medically necessary and appropriate and is non-certified.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton pump inhibitors.

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Pantoprazole. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo." In this particular case, there is insufficient evidence in the records from 1/20/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Pantoprazole is not medically necessary and non-certified.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urinalysis (opiate screening) substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction; The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." In this case, the exam note from 1/20/15 demonstrates insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. In addition, multiple drug screens were obtained in the cited records. Therefore, the determination is that the requested treatment is not medically necessary.