

Case Number:	CM15-0042592		
Date Assigned:	03/26/2015	Date of Injury:	12/08/2001
Decision Date:	05/12/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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 52-year-old female who reported an injury on 12/08/2001. The mechanism of injury was a motor vehicle accident. Her diagnoses was noted as plica syndrome with chondromalacia, right knee, cervical spine musculoligamentous sprain and lumbosacral spine herniated disc. During the assessment on 01/05/2015, the injured worker complained of continued pain in her neck, back and right knee. She also reported numbness and tingling in the right upper extremity. She also reported numbness and tingling for the right upper extremity the right lower extremity. She also experienced radiating pain in the left lower extremity that radiated down to the foot. The injured worker rated her pain a 6/10. She stated that her medications helped reduce her symptoms by approximately 60%. The physical examination of the cervical spine revealed flexion and extension of 30%. There was tenderness over the paravertebral and trapezial musculature with spasm. The physical examination of the lumbosacral spine revealed flexion of 12 inches lacking from fingertips to the floor. Extension was at 20 degrees. There was spasm and tenderness over the paravertebral musculature bilaterally. The physical examination of the right knee revealed range of motion of 0 to 120 degrees. There was tenderness with mild effusion present. The injured worker's medications were noted to include tramadol, naproxen, Doral, Soma, and Omeprazole. The treatment plan was to have the injured worker continue with the current medication regimen. The rationale for the request was not provided. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for 60 naproxen 550 mg is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. It is generally recommended that the lowest dose effective dose be used for all NSAIDs for the shortest duration of time consisting with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. However, the clinical documentation provided evidence that the injured worker had been on this medication for an extended duration of time and there was a lack of documentation of objective improvement. Additionally, the frequency was not provided. As such, the request is not medically necessary.

30 Doral 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine; Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for 30 Doral 15 mg is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatments for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review provided evidence that the injured worker had been on this medications for an extended duration of time. Additionally, the frequency was not provided. As such, the request is not medically necessary.

1 Viscosupplementation injection to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hyaluronic acid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg, Hyaluronic acid injections.

Decision rationale: The request for 1 viscosupplementation injection to the right knee is not medically necessary. The Official Disability Guidelines indicate the criteria for hyaluronic acid

injections include documentation that the injured worker had not responded adequately to recommended conservative nonpharmacologic and pharmacologic treatments after at least 3 months and indication that the patient interfered with functional activities. The clinical documentation did not indicate that the injured worker had failed in conservative nonpharmacologic or pharmacologic treatments prior to the requested injection. There was no documentation that the injured worker's pain interfered with the functional activities. As such, the request is not medically necessary.

1 Bowflex tread climber TC10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation ODG, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

Decision rationale: The request for 1 Bowflex tread climber TC10 is not medically necessary. The Official Disability Guidelines recommend durable medical equipment, if there is a medical need. However, the rationale for the requested equipment was not provided. There was no indication provided that the injured worker was in need of any durable medical equipment. As such, the request is not medically necessary.