

Case Number:	CM15-0065916		
Date Assigned:	04/17/2015	Date of Injury:	11/01/2006
Decision Date:	07/16/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/07/2015

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: 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 56 year old female, who sustained an industrial injury on 11/1/06. The injured worker was diagnosed as having status post remote right ankle surgery, rule out early sympathetically maintained pain syndrome of right ankle and lower extremity, right foot pain, cervical pain with upper extremity symptoms and bilateral shoulder pain. Treatment to date has included oral medications including narcotics. Currently, the injured worker complains of right shoulder pain, left shoulder pain, left elbow pain, right ankle pain, left ankle pain and left knee pain. The injured worker states medication facilitates improved tolerance to activities. Physical exam noted tenderness of cervical spine with limited range of motion. The treatment plan included request for extension of postoperative (MRI) magnetic resonance imaging of right ankle, (EMG) Electromyogram/(NCV) Nerve Condition Velocity of bilateral lower extremities, (MRI) magnetic resonance imaging of cervical spine, (MRI) magnetic resonance imaging of left knee, (MRI) magnetic resonance imaging of right shoulder, consult with neurologist and continuation of hydrocodone, cyclobenzaprine, naproxen and pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 372.

Decision rationale: MTUS recommends special imaging studies of the foot or ankle only after a period of conservative care and observation, and only when a red flag is noted on history or examination to raise suspicion of a dangerous foot or ankle condition or of referred pain. Documentation provided reveals that the injured worker is status post right ankle surgery and complains of ongoing pain. Physician report fails to show any red flags on physical examination to support the medical necessity of additional imaging. The request MRI of the right ankle is not medically necessary per MTUS.

EMG/NCS of bilateral lower extremities: 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): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Furthermore, guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Documentation indicates that the injured worker complains of chronic bilateral ankle and lower extremity pain. Physician reports fail to demonstrate objective finding of radiculopathy on physical examination and the neurologic exam is stated to be unchanged. The medical necessity for EMG testing has not been established. The request for EMG/NCS of bilateral lower extremities is not medically necessary by MTUS.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: Per guidelines, Magnetic resonance imaging (MRI) may be considered if posterior knee dislocation or ligament or cartilage disruption is suspected in the evaluation of soft tissue injuries. MRI should be reserved for situations in which further information is required for a diagnosis, and there is consideration for arthroscopy. Repeat MRIs are recommended in patients who have undergone meniscal repair if a residual or recurrent tear is suspected. The injured worker complains of chronic left knee pain. Documentation fails to reveal any red flags on physical examination or acute changes in symptoms that would warrant additional imaging. The request for MRI of the left knee is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 207.

Decision rationale: MTUS recommends ordering imaging studies when there is evidence of a red flag on physical examination (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The injured worker complains of bilateral shoulder pain. Chart documentation fails to show any red flags or unexplained physical findings on examination that would warrant additional imaging. The request for MRI of the left shoulder is not medically necessary by MTUS.

1 consultation with neurologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Chart documentation indicates that the injured worker is suspected of having early sympathetically maintained pain syndrome of right ankle and lower extremity, with complains of persistent bilateral ankle pain. Not having reached maximum medical therapy at the time of the request under review, the request for a Neurology Consultation is appropriate. The request for 1 consultation with neurologist is medically necessary.

Hydrocodone 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of persistent multiple joint pain, including bilateral shoulders, left elbow, bilateral ankles, and left knee. Documentation fails to demonstrate adequate improvement in pain or level of function, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Hydrocodone 7.5mg #60 is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine is not medically necessary per MTUS guidelines. The injured worker complains of persistent multiple joint pain, including bilateral shoulders, left elbow, bilateral ankles, and left knee. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Cyclobenzaprine. The request for Cyclobenzaprine 10mg #60 is not medically necessary per MTUS guidelines.

Lidoderm patches 5%: Upheld

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

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

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia.

Documentation reveals that the injured worker complains of persistent multiple joint pain, including bilateral shoulders, left elbow, bilateral ankles, and left knee. Physician reports fail to demonstrate local peripheral pain and there is lack of supporting evidence of significant improvement in the injured worker's pain or level of function. The request for Lidoderm patches 5% is not medically necessary by lack of meeting MTUS criteria.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation fails to support that the injured worker is at high risk of addiction or aberrant behavior. With the request for ongoing opioid use deemed not medically necessary, the request for urine drug testing is no longer indicated. With guidelines not being met, the request for 1 urine drug screen is not medically necessary.