

Case Number:	CM15-0086352		
Date Assigned:	05/08/2015	Date of Injury:	05/28/1998
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 63 year old male, who sustained an industrial injury on 5/28/1998. He reported feeling a pop in the low back followed by pain in the back and lower extremities while pulling a pallet jack with 50-80 pounds of cargo. Diagnoses include chronic pain state with chronic headaches, gastroesophageal reflux disorder (GERD), bilateral knee pain and right upper quadrant abdominal pain of uncertain etiology. Treatments to date include medication therapy, physical therapy, Hyalgan injection to bilateral knees, corticosteroid injections. Currently, he complained of back pain with radiation down left leg. There was also complaint of the left knee giving out. On 4/14/15, the physical examination documented right upper quadrant and left lower quadrant abdominal tenderness and slight epigastric tenderness. The plan of care included an abdominal ultrasound for pain and diarrhea and refills for Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abdominal ultrasound (for pain/diarrhea): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-45. Decision based on Non-MTUS Citation The American College of Radiology (ACR) practice guideline for the performance of an ultrasound examination of the abdomen (2012)http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/US_Abdomen_Retro.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses the uses and yields of tests. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 indicates that the clinician should discuss the uses and yields of tests, both appropriate and inappropriate, as well as the content, effects, mechanics, and effectiveness of proposed treatment methods. For the conditions discussed in these guidelines, few useful or cost-effective tests exist for the average patient or problem in the first few days or weeks. There are risks and benefits for recommended and popular, but sometimes unproven or non-cost-effective, test and treatment options, including various imaging procedures, physical modalities, medications, and surgery. Sensitivity, specificity, and yield for tests are considerations. Quantitative risks and benefits for procedures are considerations. Differences between proven and unproven tests and treatments are considerations. The American College of Radiology practice guideline for the performance of an ultrasound examination of the abdomen (2012) states that abdominal ultrasound should be performed when there is a valid medical reason. Indications for ultrasound examination of the abdomen include abdominal pain, palpable abnormalities such as an abdominal mass or organomegaly and abnormal laboratory values suggestive of abdominal pathology. The secondary treating physician's progress report dated 4/15/15 documented subjective complaints of upper abdominal pain as well as lower abdominal pain with diarrhea. Physical examination demonstrate a soft abdomen with slight epigastric, right upper quadrant, and left lower quadrant tenderness. Diagnoses were gastroesophageal reflux disease GERD, dyspepsia, and right upper quadrant pain of uncertain etiology. Abdominal ultrasound because of pain and diarrhea was requested. The quality of abdominal symptoms was not documented. The duration of abdominal symptoms was not documented. No laboratory test results were documented. The physical examination noted abdominal pain that was mild. Abdominal ultrasound was requested because of pain and diarrhea. No additional discussion was present supporting the need for an abdominal ultrasound. The medical necessity of an abdominal ultrasound is not established. Therefore, the request for abdominal ultrasound is not medically necessary.

Norco 10/325 mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids Page 74-96. Acetaminophen (APAP) Pages 11-12.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to

improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. MTUS Chronic Pain Medical Treatment Guidelines indicates that Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen should be recommended on a case-by-case basis. Acetaminophen overdose is a well-known cause of acute liver failure. Acetaminophen, when used at recommended maximum doses, may induce ALT elevations. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Medical records indicate the long-term use of opioids for chronic occupational conditions. The secondary treating physician's progress report dated 4/15/15 documented subjective complaints of upper abdominal pain as well as lower abdominal pain with diarrhea. The patient had low back complaints with radiating left leg pain, and left knee pain. Periodic chest pain continues. Current medications included Norco, Glyburide, Diovan, Metformin, Atenolol, Triamterene and Hydrochlorothiazide. Physical examination demonstrate a soft abdomen with slight epigastric, right upper quadrant, and left lower quadrant tenderness. Gait is a little antalgic. No musculoskeletal examination was documented. No physical examination of the lumbar back or left knee was documented. Diagnoses included knee pain, chronic pain, hypertension, diabetes mellitus, gastroesophageal reflux disease GERD, dyspepsia, and right upper quadrant pain of uncertain etiology. Date of injury was 05-28-1998. Orthopedic consultation for low back and left leg pain was requested. Norco 10/325 mg #240 was requested. No musculoskeletal examination was documented in the 4/15/15 progress report. No physical examination of the lumbar back or left knee was documented. Without a documented physical examination, the request for Norco 10/325 mg #240 is not supported. The request for Norco 10/325 mg #240 is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg #240 is not medically necessary.