

Case Number:	CM14-0140860		
Date Assigned:	09/10/2014	Date of Injury:	11/21/2012
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 11/21/2010 reportedly while working as a landscaper; he was carrying a bundle of grass. He recalled he suddenly slipped on water, in the process his left knee twisted awkwardly resulting in immediate left knee pain. He then lost his balance and fell, striking his left elbow against a nearby wall and then falling onto both knees. The injured worker's treatment history included x-rays, medications, braces for his knee, physical therapy sessions, and MRI studies. The injured worker was evaluated on 06/24/2014. It was documented that the injured worker was morbidly obese with weight of 340 pounds. There was pain present with range of motion in the left knee. The injured worker was given a cortisone injection to the left knee. The reported noted he had finished physical therapy. Medications included Norco 10/325 mg and Zolpidem 10 mg. The diagnoses included internal derangement of the left knee, and sprain of the wrist. A Request for Authorization dated 06/27/2014 was for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG of the left upper extremity is not medically necessary. The California MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. There is no documentation of significant change in symptoms or findings to support a repeat evaluation through EMG for left upper extremity. It was noted the injured worker has received conservative care, however the outcome measurements were not provided. Given the above, the request for EMG of the left upper extremity is not medically necessary.

NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines Neck & Upper Back, Nerve Conduction Studies.

Decision rationale: The request for NCS of the left upper extremity is not medically necessary. The Official Disability Guidelines does not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no documentation of objective neurological findings suggestive of cord or nerve root pathology. In addition, the outcome measurements of conservative care were not submitted for this review. Given the above, the request for NCS of the left upper extremity is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker there was lack of documentation of long-term functional improvement or pain medication management for the injured worker. The request did not include frequency or duration of medication. Given the above, the request for Norco 10/325 mg #60 is not medically necessary.

Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: The request for Zolpidem Tartrate 10 mg #30 is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such, the request for Zolpidem Tartrate 10 mg #30 is not medically necessary.

Duexis 800mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexin, Proton pump inhibitors

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Duexis (Ibuprofen & famotidine).

Decision rationale: The request for Duexis 800 mg #90 is not medically necessary. Per the Official Disability Guidelines (ODG), do not recommend Duexis as a first line drug. [REDACTED] recently announced that the launch of Duexis, a combination of ibuprofen 800 mg and Famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. (FDA) 2012 ibuprofen (e.g., Motrin, Advil) and Famotidine (e.g., Pepcid) are also available with multiple strengths over the counter, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. The documentation submitted for review failed to indicate the injured worker failing a first line NSAID medication. There was no documentation submitted stating the injured worker having GI complications to indicate the need for a proton pump inhibitors. Additionally, the request failed to include frequency and duration of medication. As such, the request for Duexis 800 mg #90 is not medically necessary.