

Case Number:	CM14-0143708		
Date Assigned:	09/12/2014	Date of Injury:	03/21/2006
Decision Date:	12/19/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 33 year old female patient who sustained a work related injury on 3/31/2006. The exact mechanism of injury was not specified in the records provided. The current diagnoses include degenerative lumbar/lumbosacral intervertebral disc, tenosynovitis of foot and ankle, tear cartilage or meniscus knee and chondromalacia of patella. Per the doctor's note dated 10/27/13, patient has complaints of low back pain. The physical examination revealed normal vitals, normal cardiovascular and respiratory examination, no tenderness on palpation, significant lesion over back and left posterior iliac crest wounds without surrounding induration or fluctuance, and tender to touch. The current medication lists include Klonopin, Topamax, Wellbutrin, Keflex, Imitrex, Ceftriaxone and Vancomycin. The patient has had MRI of the thoracic spine on 10/24/13 that revealed superficial soft tissue infection; CT scan of abdomen on 10/25/13 that revealed fluid collection and small abscesses; ultrasound of Nonvascular Extremity that revealed seroma, hematoma or abscess; X-ray of low back on 10/13/25 that revealed spinal cord stimulator is not identified. The patient has had spinal cord stimulator for this injury, Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341;343; Table 13-5.

Decision rationale: Per the ACOEM guidelines cited above, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." Any of these indications for knee MRI were not specified in the records provided. The physical examination revealed normal gait, full weight bearing, no effusion, negative stress tests and McMurray's test and 5/5 strength. A recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed physical examination of the left knee was not specified in the records provided. A detailed knee exam including tests for internal derangement like the Mc Murrays test, Anterior drawer test and tests for instability were not specified in the records provided. A trial and response to complete course of conservative therapy including PT visits was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous conservative therapy notes were not specified in the records provided. The patient did not have abnormal findings in the physical examination suggestive of significant internal derangement. The history or physical examination findings do not indicate pathology including cancer, infection, or other red flags. A recent left knee X-ray report is not specified in the records provided. A plan for an invasive procedure of the left knee was not specified in the records provided. Rationale for left knee MRI was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for MRI Left Knee is not medically necessary.

Provigil 200mg #30, refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Title 8, Effective July 18,2009..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex-FDA Labeled indications; Drug- Modafinil.

Decision rationale: Modafinil is a wakefulness-promoting agent (or eugeroic) that is approved by the United States' Food and Drug Administration (FDA) for treatment of wakefulness disorders such as narcolepsy, shift work sleep disorder, and excessive daytime sleepiness associated with obstructive sleep apnea. MTUS/ODG guideline does not specifically address this issue. Hence Thompson Micromedex used. Thompson Micromedex-FDA Labeled indications of drug- Modafinil include Narcolepsy, Improve wakefulness in patients with excessive daytime sleepiness, Obstructive sleep apnea, Improve excessive sleepiness, as an adjunct to standard treatment(s) for the underlying obstruction. Any evidence of Narcolepsy, excessive daytime sleepiness or Obstructive sleep apnea was not specified in the records provided. The criteria for use of Provigil are not met. Any recent detailed clinical evaluation note of treating physician was

not specified in the records. Rationale for Provigil was not specified in the records provided. Therefore the request for Provigil 200mg #30, refill is not medically necessary.