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| <b>Case Number:</b>   | CM14-0086548 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 06/13/2012 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 06/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 Nevada. 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 records, presented for review, indicate that this 33-year-old individual was reportedly injured on June 13, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 23, 2014, indicated that there were ongoing complaints of knee and back pains. The physical examination demonstrated tenderness to palpation of the lumbar spine. No other findings were reported. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, and consultations with other providers. A request had been made for multiple medications and an MRI of the left knee and was not certified in the pre-authorization process on June 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** A single progress note is presented for review. There is no narrative outlining any pathology noted on physical examination relative to the knee. Therefore, when considering the date of injury, the current clinical data presented and by the parameters outlined

in the ACOEM guidelines, there is insufficient clinical evidence presented to support this request. Therefore, this request is not medically necessary.

**Omeprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** As outlined in the MTUS, this is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. When noting the date of injury, the date of the current clinical assessment, and a complete lack of any indications of gastric distress, there is no clinical indication for this type of medication. Therefore, based on the rather marginal medical notes presented for review, the medical necessity cannot be established. Therefore, this request is not medically necessary.

**Tens Patch x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

**Decision rationale:** As noted in the MTUS, there is a specific recommendation against using transcutaneous electrical nerve stimulation (TENS) patches as a primary treatment modality. The progress notes do not support any other interventions (other medications) to address the pain complaints. Furthermore, the efficacy and utility of this intervention is not discussed. Therefore, there is insufficient clinical information presented to support the medical necessity of this device. Therefore, this request is not medically necessary.

**Tramadol 50mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

**Decision rationale:** As outlined in the MTUS, there is support for the use of a short-term opioid in the treatment of breakthrough moderate to severe pain. When considering the date of injury, the lack of any appropriate clinical evaluation presented on progress notes, and no discussion as to the efficacy or utility of this medication, there is insufficient evidence presented to support the medical necessity. Therefore, this request is not medically necessary.

**Lidopro Ointment 121gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

**Decision rationale:** MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the rather limited clinical documentation provided, the claimant has ongoing complaints of pain, but no other data is presented. As such, the request is considered not medically necessary.