

<b>Case Number:</b>	CM14-0124472		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 49 year old female with an injury date of 09/13/11. Based on the 08/05/14 progress report provided by treating physician, the patient complains of right knee, low back and right ankle pain. Physical examination to the right knee on 07/10/14 revealed tenderness to palpation to the medial and lateral jointlines, patella and subpatellar areas. Crepitus and patellar grind present, as well as edema/ecchymosis at patella and subpatellar regions. Flexion was decreased to 120 degrees. Treater states in progress report dated 08/05/14, "please provide images and reports of the right ankle MRI performed 04/05/14 to [REDACTED] orthopaedic specialist..." Treater also states, "I am requesting MRI of the right ankle open unit (the patient is claustrophobic, five foot tall and weighs 292 pounds)". Treater report dated 07/10/14 states patient has 6/10 pain to the right foot with swelling, and has been referred to podiatrist. Per Request for Authorization form dated 07/28/14, the request for MRI Right Ankle is for the diagnosis of contusion of foot/heel excluding toes. Treater report dated 07/10/14 states "right knee pain rated 6/10 with pop and click. Will request Supartz injection as patient has had 2 cortisone injections (05/06/14, 06/10/14), physical therapy and acupuncture with mild relief." Patient has lumbar spine pain rated 6/10, and treater states "chiropractic therapy to decrease pain and increase mobility. Still pending authorization for 6 additional sessions." Per progress report dated 06/02/14, patient states that "after 6 visits of chiropractic therapy, her pain had improved..." Patient's medications include Prilosec and Gabapentin, which were prescribed in progress report's dated 12/17/13 and 07/10/14. Treater states in progress report dated 08/05/14 that "Prilosec controls gastritis." Treater has quoted guidelines without providing discussion for prescriptions. Patient is to return to modified duty 07/10/14. MRI of the Lumbar Spine 04/15/13- mild degenerative changes L5-S1- retrolisthesis of L5 on L4- L3-4, posterior disc 3.5mm with

bilateral foraminal stenosisMRI of Right Ankle 04/06/14- tenosynovitis: posterior tibial tendon, flexor digitorum longus, peroneus longus and brevis, Achilles tendon- fluid in the retrocalcaneal bursa and posterior to the subtalar joint- bone cysts in the neck of the talusDiagnosis 08/05/14- cerebral concussion without loss of consciousness- cervical spine strain- right shoulder strain and impingement- left shoulder strain and impingement- bilateral elbow strain, medial and lateral epicondylitis- bilateral wrist strain, carpal tunnel syndrome, de Quervain's- lumbar spine strain and right greater than left sciatica.- right hip strain- right knee strain. - bilateral ankle and foot strain- adjustment disorder with mixed anxiety and depressed mood- rule out gastritis due to medications, and high blood pressure- rule out urinary incontinence- shortness of breath, rule out respiratory exposure to chemicals- rule out vision and memory problems and cognitive impairmentDiagnosis 07/10/14- bilateral ulnar nerve entrapment at Guyons- cervical spine degenerative disc disease with bilateral upper extremity radiculopathy- lumbar spine sprain/strain with bilateral lower extremity radiculopathy- right ankle contusion- right calcaneal spurs rule out navicular fracture- bilateral shoulder rotator cuff tear- bilateral medial/lateral epicondylitis- carpal tunnel syndrome- gastritisThe utilization review determination being challenged is dated 07/29/14. Treatment reports were provided from 03/13/13 - 08/05/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Supartz injections, right knee QTY: 30.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, Hyaluronic acid injections

**Decision rationale:** The patient presents with right knee pain. The request is for SUPARTZ INJECTIONS, RIGHT KNEE QTY: 30:00. Physical examination to the right knee on 07/10/14 revealed tenderness to palpation to the medial and lateral jointlines, patella and subpatellar areas. Crepitus and patellar grind present, as well as edema/ecchymosis at patella and subpatellar regions. Flexion was decreased to 120 degrees.ODG Guidelines, Knee & Leg (Acute & Chronic) Chapter states: "Hyaluronic acid injections - Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. Criteria for Hyaluronic acid injections: Generally performed without fluoroscopic or ultrasound guidance; Hyaluronic acid injections are not recommended for any other indications such as chondromalacia patellae, facet joint arthropathy, osteochondritis dissecans, or patellofemoral arthritis, patellofemoral syndrome (patellar knee pain), plantar nerve entrapment syndrome, or for use in joints other than the knee (e.g., ankle, carpo-metacarpal joint, elbow, hip, metatarsophalangeal joint, shoulder, and temporomandibular joint) because the effectiveness of hyaluronic acid injections for these indications has not been established.Treater report dated 07/10/14 states "right knee pain rated 6/10 with pop and click. Will request Supartz injection as patient has had

2 cortisone injections (05/06/14, 06/10/14), physical therapy and acupuncture with mild relief." Patient's diagnosis dated 07/10/14 included right knee strain. Based on guideline indications, patient does not present with severe osteoarthritis to warrant procedure. There are no MRI's or X-rays showing "severe arthritis" of the knee joint. The request is not medically necessary.

**Prilosec 20mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with right knee, low back and right ankle pain. The request is for PRILOSEC 20MG QTY 60:00. Patient's diagnosis dated 07/10/14 included rule out gastritis due to medications. Patient's medications include Prilosec and Gabapentin, which were prescribed in progress report's dated 12/17/13 and 07/10/14. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater states in progress report dated 08/05/14 that "Prilosec controls gastritis." However, patient is not on oral NSAIDs to consider PPI for prophylactic use. Treater has quoted guidelines without providing discussion for prescriptions. Furthermore, treater does not indicate how the patient is doing and why she needs to continue when it's been 7 months since prescription on 12/17/13 to UR date of 07/29/14. Given the lack of documentation of continued need for this medication, the request is not medically necessary.

**Gabapentin 300mg QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Gabapentin (Neurontin, Gabarone, generic available); Medication for chronic pai.

**Decision rationale:** The patient presents with right knee, low back and right ankle pain. The request is for GABAPENTIN 300MG QTY: 120:00. Patient's diagnosis dated 07/10/14 included cervical spine degenerative disc disease with bilateral upper extremity radiculopathy and lumbar spine sprain/strain with bilateral lower extremity radiculopathy. Patient's medications include Prilosec and Gabapentin, which were prescribed in progress report's dated 12/17/13 and 07/10/14. MTUS has the following regarding Gabapentin on page 18-19: "Gabapentin (Neurontin, Gabarone generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater has not discussed reason for the request, nor medication efficacy.

Treater has quoted guidelines without providing discussion for prescriptions. Patient presents with diagnosis of radiculopathy to the upper and lower extremities, for which Gabapentin would be indicated. However, MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Recommendation is for denial.

**Chiropractic treatment, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** The patient presents with low back pain. The request is for CHIROPRACTIC TREATMENT, LUMBAR SPINE. Patient's diagnosis dated 07/10/14 included lumbar spine sprain/strain with bilateral lower extremity radiculopathy. Patient's medications include Prilosec and Gabapentin. MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58,59) "Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." Patient has lumbar spine pain rated 6/10, and treater states in progress report dated 07/10/14 "...chiropractic therapy to decrease pain and increase mobility. Still pending authorization for 6 additional sessions." Per progress report dated 06/02/14, patient states that "after 6 visits of chiropractic therapy, her pain had improved..." However, treater has not provided documentation of objective functional improvement, decrease in pain and improvement of quality of life, re-injury, exacerbation of symptoms to warrant additional visits. The request is not in line with MTUS indication. The request is not medically necessary.

**MRI right ankle:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, MRI

**Decision rationale:** The patient presents with right ankle pain. The request is for MRI RIGHT ANKLE. Patient's diagnosis dated 07/10/14 included right ankle contusion, and right calcaneal spurs rule out navicular fracture. MRI of Right Ankle on 04/06/14 revealed tenosynovitis to posterior tibial tendon, flexor digitorum longus, peroneus longus and brevis, Achilles tendon, and fluid in the retrocalcaneal bursa and posterior to the subtalar joint. ODG guidelines Ankle and Foot Chapter MRI Topic, states that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. Treater report dated 07/10/14 states patient has 6/10 pain to the right foot with swelling, and has been referred to podiatrist. Treater states in progress report dated 08/05/14, "I am requesting MRI of the right ankle open unit (the patient is claustrophobic, five foot tall and weighs 292 pounds)". Treater also states, "Please provide images and reports of the right ankle MRI performed 04/05/14 to Dr. S., orthopaedic specialist..." Per Request for Authorization form dated 07/28/14, the request for MRI Right Ankle is for the diagnosis of contusion of foot/heel excluding toes. Patient had MRI of Right Ankle on 04/06/14, however given the patient's persistent ankle pain of uncertain etiology and request by orthopaedic specialist, an MRI appears appropriate.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**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) chapter, Urine drug testing (UDT)

**Decision rationale:** The patient presents with right knee, low back and right ankle pain. The request is for URINE DRUG SCREEN. Patient's diagnosis dated 07/10/14 included cervical spine degenerative disc disease with bilateral upper extremity radiculopathy and lumbar spine sprain/strain with bilateral lower extremity radiculopathy. Patient's medications include Prilosec and Gabapentin. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of medical records does not show that patient has been prescribed opioids. MTUS and ODG do support urine toxicology for opiate management, however treater has not documented reason for the request. Urine drug screen is not warranted by guidelines as patient is not under opiate therapy to require testing. The request is medically necessary.