MAXIMUS Federal Services

Case Number:	CM14-0211823		
Date Assigned:	12/24/2014	Date of Injury:	09/13/2011
Decision Date:	03/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 09/13/2011. The date of the utilization review under appeal is 11/25/2014. The treating diagnoses include neck sprain, lumbar sprain, lower leg pain, Muscle spasm, and long-term medication use.The patient was seen in primary treating physical medicine and rehabilitation physician followup on 11/03/2014. The patient reported he was not using medication at that time and he was working full time in the landscaping business. On exam the patient was in no acute distress and was not confused. He had normal muscle tone in his four limbs as well as normal strength. The patient had spasm of the cervical spine and the base of the cervical spine and multiple trigger points in the lumbar spine. No specific focal neurological deficit was noted. The treatment requests included an epidural injection at L5-S1 as well as medications to include gabapentin, nabumetone, Pennsaid and tramadol.Of note, examination of the right side of the medial knee joint notes that there is tenderness over the tibial plateau, but no laxity of the MCL or LCL. He did have a positive Apley compression test on the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Surgical consultation for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Consultation , page(s) 127.

Decision rationale: ACOEM Guidelines, Chapter 7, Consultation, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An initial physician review noted that the patient had not failed any exercise program and had increased range of motion and strength in the knee. The intent of the surgical consultation is to help the patient understand further surgical versus conservative treatment options. This may help both in patient education as well as to help clinical outcome. This request is supported by the treatment guidelines. Overall, the request is medically necessary.

Pennsaid 2% pump 20mg/gram/actuation 2% #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics on page 111 states regarding the similar medication Voltaren Gel, that this is indicated for relief of osteoarthritis in joints which lend themselves to treatment, including the knee. A prior physician review concluded that this patient had no other treatment since 2012 and did not have a risk for the use of oral NSAIDS. This medication is specifically an NSAID with a mechanism of action indicated for internal derangement at the knee or arthritis at the knee. This is supported by the treatment guidelines. The request is medically necessary.

Tramadol/Apap 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/ongoing management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management recommends ongoing

review and documentation of pain relief, functional status, appropriate medication use, and side effects The four A's of opioid management have not been met at this time. The medication do not document a diagnosis or rationale to support opioids as opposed to nonopioid treatment. This request is not medically necessary.

1 Lumbar epidural steroid injection at L5-S1 with each additional level under fluoroscopic guidance, IV sedation and lumbar epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This criteria have not been met at this time. The request for an epidural injection is not medically necessary.