

Case Number:	CM15-0001815		
Date Assigned:	01/21/2015	Date of Injury:	04/30/1999
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 4/30/2014. The diagnoses have included right shoulder impingement, right medial and lateral epicondylitis, right knee internal derangement, lumbar discopathy with spondylolisthesis and lumbar radiculopathy. Treatment to date has included physical therapy, chiropractic therapy and pain medications. According to the Primary Treating Physician's Progress Report from 11/20/2014, the injured worker continued to complain of low back pain that was aggravated by twisting and bending. His back pain radiated down both legs causing numbness and tingling. He also complained of right elbow pain with numbness and tingling distally that was aggravated by using the right arm, especially with overhead use. He also noted some right shoulder pain that was aggravated by any movement. The injured worker complained of muscle spasms in both legs and stated that he felt unstable with regard to his right knee which was painful. He used a cane for ambulation. Physical exam was noted to be unchanged from previous examination. Treatment plan was to continue taking his medications and apply the compound creams to the affected area for symptomatic relief. Authorization was requested for prescribed medications, magnetic resonance imaging (MRI) of the right knee to rule out meniscal tear or ligament damage and a urine toxicology test. Notes indicate that the patient is taking Percocet and Ultram. On 12/15/1999, Utilization Review (UR) non-certified a request for Fexmid (Cyclobenzaprine) 7.5mg #120, noting that the medication is recommended for short-term treatment of acute exacerbation of chronic pain. UR non-certified a request for Nalfon (Fenoprofen) 400mg #90, noting that the documentation failed to indicate any improvement in the injured worker's condition due to this

course of treatment. UR non-certified a request for Prilosec (Omeprazole DR) 20mg #90, noting that the submitted records failed to show a history of gastrointestinal complaints or indicate that the injured worker was at risk for gastrointestinal events. UR non-certified a request for magnetic resonance imaging (MRI) of the right knee, noting that the records did not indicate that the injured worker has ever undergone x-ray studies of the knee. UR non-certified a request for a handheld shower head, noting that the injured worker had difficulties performing any overhead movement. UR non-certified a request for a urine toxicology test, noting the recent certification and records indicating that the injured worker was not at high risk for opioid abuse. The MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Nalfon (Fenoprofen) 400mg #90: 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 Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for Nalfon, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Nalfon is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Nalfon is not medically necessary.

Prilosec (Omeprazole DR) 20mg #90: 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 Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 & 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Algorithms 13-1 and 13-3, and page 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, MRI

Decision rationale: Regarding the request for MRI knee, CA MTUS and ACOEM note that, in absence of red flags (such as fracture/dislocation, infection, or neurologic/vascular compromise), diagnostic testing is not generally helpful in the first 4-6 weeks. After 4-6 weeks, if there is the presence of locking, catching, or objective evidence of ligament injury on physical exam, MRI is recommended. ODG recommends plain radiographs in the absence of signs/symptoms of internal derangement or red flags. Within the medical information made available for review, there is no documentation that radiographs are nondiagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knee has failed. In the absence of such documentation, the currently requested MRI is not medically necessary.

Handheld shower head: Upheld

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

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, Durable medical equipment (DME)

Decision rationale: Regarding the request for a hand held shower head, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, there is no indication that the patient has physical limitations for which the use of a handheld showerhead would be required. In the absence of such documentation, the currently requested hand held shower head is not medically necessary.

Urine toxicology test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18).

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.