

Case Number:	CM15-0014116		
Date Assigned:	02/02/2015	Date of Injury:	02/22/2012
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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, Arizona
 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 injured worker is a 53-year-old male who reported an injury on 02/22/2012. The mechanism of injury was not specifically stated. The current diagnoses include bilateral wrist tendinitis, status post right shoulder arthroscopy on 05/28/2014, lumbar spine sprain, history of carpal tunnel release, patellofemoral arthritis of the bilateral knees, and bilateral plantar fasciitis. The latest physician progress report submitted for review is documented on 12/02/2014. The injured worker presented with complaints of right shoulder pain rated 6/10. The injured worker has been previously treated with physical therapy and medication management. Upon examination of the right shoulder, there was tenderness to palpation, a negative impingement sign, 32 degree extension, 126 degree abduction, 66 degree internal rotation, 130 degree flexion, and 70 degree external rotation. Upon examination of the lumbar spine, there was tenderness to palpation, negative straight leg raising, 35 degree flexion, 10 degree extension, and 20 degree right and left side bending. Recommendations at that time included continuation of the home exercise program and the current medication regimen of Norco 5/325 mg and gabapentin 300 mg. A Request for Authorization form was then submitted on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remaining Norco 5/325mg #30: 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): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed to respond to nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has utilized Norco 5/325 mg since at least 09/2014. There is no documentation of objective functional improvement. The injured worker continues to present with high levels of pain. There is also no frequency listed in the request. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were also not provided. Given the above, the request is not medically appropriate at this time.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines state Neurontin has been approved for first line treatment of neuropathic pain. According to the documentation provided, the injured worker has utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

MRI L/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause including an MRI for neural or other soft tissue abnormality. There was no documentation of a recent attempt at any conservative treatment for the lumbar spine. There is no documentation of any red flags for

serious pathology upon examination. The medical necessity for an imaging study has not been established at this time. Therefore, the request is not medically appropriate.

EMG/NCV BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Electrodiagnostic Testing

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. There was no mention of a recent attempt at any conservative treatment prior to the request for electrodiagnostic studies. Given the above, the request is not medically appropriate at this time.

Diagnostic Ultrasound (B) Knees: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. There was no recent physical examination of the bilateral knees provided for this review. There was also no mention of an attempt at any recent conservative treatment for the bilateral knees prior to the request for an ultrasound. Given the above, the request is not medically appropriate.