MAXIMUS Federal Services

Case Number:	CM15-0120468		
Date Assigned:	07/08/2015	Date of Injury:	01/20/2010
Decision Date:	09/18/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
Certification(s)/Specialty: Emergency Medicine

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 33 year old male who sustained an industrial injury on 01/20/2010. Current diagnoses include multiple gunshot wounds, intra-abdominal gunshot wound with colon perforation, adhesion status post lysis of adhesions on 11/15/2012, left lower extremity multiple gunshot wounds with left tibia fracture with retained fragments, multiple peripheral nerve entrapments and injuries about the left lower extremity, lumbar/pelvis, and right lower extremity, right lower extremity partial neurapraxia with foot drop, right myalgia paresthesia status post decompression neuroplasty on 04/08/2013, status post right common peroneal nerve decompression at fibular head, status post neuroplasty right superficial peroneal nerve anterolateral lower leg and right deep peroneal nerve dorsum right foot and right knee anterior and lateral compartment fasciotomies, iliac vein and other vascular pelvic lacerations, gait derangement, chronic pain, and depression and anxiety. Previous treatments included medications, multiple surgeries, and blocks. Previous diagnostic studies performed and the date they were performed was not included. The physician did note that it has been quite awhile since the last MRI.Initial injuries occurred to the abdomen, lower extremities, and buttocks after receiving multiple gunshot wounds. Report dated 05/27/2015 noted that the injured worker presented with complaints that included low back pain, aching down both legs and extension of pain into the lumbosacral region, bilateral lower extremity neuropathies, and bilateral buttock pain, spasms, and sciatica flares with certain activities. The physician noted that the injured worker has tried Butrans in the past but developed side effects that included nausea, headaches, vertigo, and was unable to get out of the house. It was also noted that the pain medications have

helped with activities of daily living, but he was out of his pain medications for two weeks. The injured worker uses Exalgo 3 tablets daily, 3 Percocet daily depending how active he is. Current medication regimen includes pantoprazole, ondansetron, Prazosin HCL, ducosate sodium, Senna, hydromorphone HCL ER (Exalgo), and oxycodone-acetaminophen (Percocet). Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness in the midline lumbosacral L4-S1 region, decreased range of motion with pain, tenderness in the buttocks with hip internal/external rotations, tenderness in the left calf, slight tenderness in the right lower extremity, some right foot and left great toe extension, positive straight leg raise on the left, and strength testing shows some pain, guarding and weakness with foot dorsiflexion bilaterally. The treatment plan included requests for Butrans patch for better baseline pain control, refill Exalgo and Percocet, pain management follow-up re-evaluation, lumbar MRI with contrast, bilateral lower extremity, knee, calf, foot, and ankle MRI's to evaluate status of nerve compression neural lysis repeat scarring. The injured worker is permanently disabled. Disputed treatments include Butrans patch 5mcg #20, Exalgo 12mg #90, Percocet 10/325mg #120, MRI of the lumbar spine with contrast, MRI of the right knee, MRI of the left knee, MRI of the right calf, MRI of the left calf, MRI of the right ankle, MRI of the left ankle, MRI of the right foot, and MRI of the left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 5mcg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS chronic pain medical treatment guidelines for the use of buprenorphine (Butrans patch). "Buprenorphine is recommended for the treatment of opiate addiction and as a.m. option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Inrecent years, buprenorphine has been formulated into a transdermal (patch) for the treatment of chronic pain. Use of the patch has been used due to the advatages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal." In this case there is no mention of opioid addiction or need for opioid detoxification. Also it was documented that the injured worker had previous adverse side effects to the use of Butrans patch. Therefore, the request for Butrans patch 5mcg, #20 is not medically necessary.

Exalgo 12mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." Exalgo is Hydromorphone Hydrochloride Extended Release Tablets. The medical records submitted for review did not include the above recommended documentation. Although the physician stated that medications as a group allowed the injured worker to tolerate activities, there was no documentation of specific improvement in activities of daily living as a result of use of Exalgo, duration of symptomatic relief, or the level of pain relief with each of the medication. Therefore, the request for Exalgo 12mg, #90 is not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Opioids specific drug list Page(s): 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The medical records submitted for review did not include the above-recommended documentation. Although the physician stated that medications as a group allowed the injured worker to tolerate activities, there was no documentation of specific improvement in activities of daily living as a result of use of Percocet, duration of symptomatic relief, or the level of pain relief with each of the medication. Therefore, the request for Percocet 10/325mg, #120 is not medically necessary.

MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The ACOEM guidelines recommend MRI studies if unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. If physiologic evidence indicates tissue insult or nerve impairment an MRI is recommended. The medical records provided do not support that the injured worker has new findings of nerve compromise, physical examination provided did not identify any neurological findings. Therefore, the request for MRI of the lumbar spine with contrast is not medically necessary.

MRI of the right knee: Upheld

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

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

Decision rationale: The ACOEM guidelines recommend special studies to evaluate knee complaints after a period of conservative care and observation. MRI studies are recommended for diagnosing meniscus tears, ligament strains, ligament tears, patellofemoral syndrome, tendinitis, and pre-patellar bursitis. The medical records provided do not support that the injured worker has new findings complaints involving the right knee and physical examination provided did not identify any neurological findings. It was unclear from the request what the diagnostic concern was to warrant this study. Therefore, the request for MRI of the right knee is not medically necessary.

MRI of the left knee: Upheld

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

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

Decision rationale: The ACOEM guidelines recommend special studies to evaluate knee complaints after a period of conservative care and observation. MRI studies are recommended for diagnosing meniscus tears, ligament strains, ligament tears, patellofemoral syndrome, tendinitis, and pre-patellar bursitis. The medical records provided do not support that the injured worker has new findings complaints involving the right knee and physical examination provided did not identify any neurological findings. Therefore, the request for MRI of the left knee is not medically necessary.

MRI of the right calf: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Magnetic Resonance Imaging.

Decision rationale: CA MTUS is silent regarding this topic. According to the ODG referenced, "soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." The medical records provided do not support that the injured worker has new injury, findings, or reports changes involving the right calf. Physical examination provided did not identify any new neurological findings. It was unclear from the request what the diagnostic concern was to warrant this study. Therefore, the request for MRI of the right calf is not medically necessary.

MRI of the left calf: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Magnetic Resonance Imaging.

Decision rationale: CA MTUS is silent regarding this topic. According to the ODG referenced, "soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI." The medical records provided do not support that the injured worker has new injury, findings, or reports changes involving the left calf. Physical examination provided did not identify any new neurological findings. It was unclear from the request what the diagnostic concern was to warrant this study. Therefore, the request for MRI of the left calf is not medically necessary.

MRI of the right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS and ACOEM guidelines do not address MRI of the ankle. Official Disability Guidelines (ODG) recommend an MRI of the ankle for suspected osteochondral injury, tendinopathy, and pain of uncertain etiology. The medical records provided do not support that there is concern for suspected osteochondral injury, tendinopathy, or pain of

uncertain etiology. The injured worker has no new complaints involving the right ankle, and physical examination provided did not identify any neurological findings. Therefore, the request for MRI of the right ankle is not medically necessary.

MRI of the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS and ACOEM guidelines do not address MRI of the ankle. Official Disability Guidelines (ODG) recommend an MRI of the ankle for suspected osteochondral injury, tendinopathy, and pain of uncertain etiology. The medical records provided do not support that there is concern for suspected osteochondral injury, tendinopathy, or pain of uncertain etiology. The injured worker has no new complaints involving the left ankle, and physical examination provided did not identify any neurological findings. Therefore, the request for MRI of the left ankle is not medically necessary.

MRI of the right foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS and ACOEM guidelines do not address MRI of the ankle. Official Disability Guidelines (ODG) recommend an MRI of the ankle for suspected osteochondral injury, tendinopathy, and pain of uncertain etiology. The medical records provided do not support that there is concern for suspected osteochondral injury, tendinopathy, or pain of uncertain etiology. The injured worker has no new complaints involving the left ankle, and physical examination provided did not identify any neurological findings. Therefore, the request for MRI of the left ankle is not medically necessary.

MRI of the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS and ACOEM guidelines do not address MRI of the ankle. Official Disability Guidelines (ODG) recommend an MRI of the ankle for suspected osteochondral injury, tendinopathy, and pain of uncertain etiology. The medical records provided do not support that there is concern for suspected osteochondral injury, tendinopathy, or pain of uncertain etiology. The injured worker has no new complaints involving the left foot, and physical examination provided did not identify any neurological findings. Therefore, the request for MRI of the left foot is not medically necessary.