

Case Number:	CM15-0141497		
Date Assigned:	07/31/2015	Date of Injury:	05/30/2012
Decision Date:	10/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic knee, low back, and neck pain reportedly associated with an industrial injury of May 30, 2012. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve requests for tramadol, cervical MRI imaging, lumbar MRI imaging, and viscosupplementation injection therapy, Naprosyn, Protonix, and Flexeril. The claims administrator referenced a July 7, 2015 RFA form and an associated June 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 15, 2015 progress note, the applicant reported multifocal complaints of knee, shoulder, neck, and low back pain, 5-8/10. The attending provider contended that ongoing usage of tramadol and Naprosyn had proven beneficial. The attending provider suggested that the applicant was using Protonix for cytoprotective effect (as opposed to for any actual symptoms of reflux). Tenderness and swelling about the bilateral knees was reported. The applicant was given diagnoses of left knee advanced osteoarthritis, derivative injury of the right knee, left shoulder impingement syndrome, and low back pain with left lower extremity symptoms. Lumbar MRI imaging and cervical MRI imaging were sought on the grounds that a medical-legal evaluator had endorsed the same. The attending provider stated that these tests were being ordered on a 'rule out' basis. A psychological consultation to address reactive depression was sought. The applicant was not working, it was acknowledged, admittedly through preprinted checkboxes. The applicant had not worked in several months, it was reported. The attending provider nevertheless contended that the applicant's medications were reducing the applicant's pain complaints and ameliorating the applicant's ability to perform

grooming, cooking, and grocery shopping. This was neither elaborated upon nor quantified, however. Work restrictions imposed by a medical-legal evaluator were endorsed, although it was acknowledged that the applicant was not working with said limitations in place. The attending provider did not seemingly state how the diagnosis of left knee arthritis had been arrived upon. In an earlier note dated May 19, 2015, however, the applicant was described as having end-stage knee arthritis. The applicant was described as getting progressively worse. It was stated that attempts to obtain authorization for a total knee replacement had proven unfruitful. An earlier note of April 9, 2015 was also notable for commentary to the effect that the applicant had advanced end-stage knee arthritis. A medical-legal evaluation dated January 14, 2015 was notable for commentary to the effect that the applicant had undergone a failed knee arthroscopy, it was reported. The applicant was described as having undergone earlier viscosupplementation injection therapy. The medical-legal evaluator seemingly acknowledged that the applicant had significant left knee arthritis. The medical-legal evaluator acknowledged that the applicant was not working. A medical-legal evaluator noted that the applicant was a qualified injured worker unable to return to usual and customary duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol extended release, 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, a medical-legal evaluator reported on January 14, 2015. While the attending provider reported on June 15, 2015 that the applicant was deriving appropriate analgesia from ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing tramadol usage. The attending provider's commentary to the effect that the applicant's ability to perform grooming and cooking as a result of medication consumption in unquantified amounts on June 15, 2015 did not constitute evidence of a substantive improvement in function achieved as a result of ongoing tramadol usage and was, as noted previously, outweighed by the applicant's seeming failure to return to work. Therefore, the request is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine, to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the multifocal nature of the applicant's pain complaints, per a June 15, 2015 progress note, argues against any focal nerve root compromise referable to the cervical spine and/or upper extremities. The applicant's complaints of neck pain, shoulder pain, low back pain, and knee pain, taken together, argued against any focal nerve root compromise involving the cervical spine and/or upper extremities. There was no mention of the applicant's having any upper extremity weakness present on the June 15, 2015 office visit. Rather, the attending provider stated that he was ordering cervical MRI imaging on a 'rule out' basis on the grounds that a medical-legal evaluator had endorsed the same. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for MRI of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of invasive treatment or surgical intervention involving the lumbar spine based on the outcome of the study. The fact that MRI studies of the cervical and lumbar spines were concomitantly ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or considering surgical intervention based on the outcome of the same. The attending provider indicated on June 15, 2015 that he was ordering the lumbar MRI imaging at issue largely on the recommendation of a medical-legal evaluator. It did not appear, thus, that the applicant was intent on acting on the results of the same and/or considering surgical intervention here. Therefore, the request is not medically necessary.

Viscosupplementation injection for the left knee x 3: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 687.

Decision rationale: Yes, the request for knee viscosupplementation (Synvisc) injections was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Disorder Chapter notes that viscosupplementation injections are indicated in the treatment of moderate-to-severe knee osteoarthritis, as was reportedly present here, the treating provider suggested on June 15, 2015. A medical-legal evaluator also noted on January 14, 2015 that the applicant had undergone earlier knee surgery, had advanced knee arthritis, and was 63 years old. The attending provider's

documentation of knee arthritis, thus, appears to have been corroborated by the report of the medical-legal evaluator of January 14, 2015. The attending provider did state that the viscosupplementation injections were intended to defer the need for a total knee arthroplasty procedure. Moving forward with the same was, thus, indicated.

Naproxen sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Conversely, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of 'efficacy of medication' into his choice of recommendations. Here, however, the applicant remained off of work, a medical-legal evaluator reported on January 14, 2015. The attending provider renewed permanent work restrictions imposed by a medical-legal evaluator on June 15, 2015, suggesting that the applicant was not, in fact, working as of that date. Ongoing usage of Naprosyn had failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Pantoprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for Protonix (pantoprazole), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on June 15, 2015 that Protonix was being employed for cytoprotective effect (as opposed to for actual symptoms of reflux). However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Protonix (pantoprazole). Specifically, the applicant was less than 65 years of age (age 63), was only using one NSAID, Naprosyn, was not using NSAIDs in conjunction with corticosteroids, and had no known history of GI bleeding or peptic ulcer disease. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Finally, the request for cyclobenzaprine (Flexeril), was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Naprosyn and tramadol. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 90-tablet supply of cyclobenzaprine at issue, furthermore, represented treatment in excess of the 'short course of therapy' for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.