MAXIMUS Federal Services

Case Number:	CM15-0078505		
Date Assigned:	04/29/2015	Date of Injury:	08/19/2013
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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 [redacted] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 19, 2013. In a Utilization Review report dated March 25, 2015, the claims administrator partially approved a request for tramadol, apparently for tapering or weaning purposes, denied electro diagnostic testing of bilateral lower extremities with an associated neurologic consultation, and denied a urine drug screen. The claims administrator referenced a progress note dated March 18, 2015, in its determination. The applicant's attorney subsequently appealed. In a RFA form dated March 18, 2015, electro diagnostic testing of bilateral lower extremities was sought along with prescriptions for Naprosyn and tramadol as well as a urine drug testing at issue. In an associated progress note of the same date, March 17, 2015, the applicant was described as having knee pain status post earlier left knee arthroscopy. Burning left knee pain was appreciated. Naprosyn, tramadol, and Protonix were renewed. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The permanent work restrictions imposed by medical-legal evaluator were renewed. It did not appear that the applicant was working with said limitations in place. Earlier electro diagnostic testing of bilateral lower extremities was performed on March 13, 2015, despite the unfavorable utilization review determination and was negative. In a neurology report dated March 13, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg, 7/10. Hyposensorium was noted about the left leg. The applicant exhibited normal gait and station. A positive McMurray maneuver is noted about the left knee. The applicant's gait was not antalgic.

Electro diagnostic testing was apparently performed for further purposes of ruling out left-sided lumbar radiculopathy, it was stated. On February 17, 2015, the applicant reported 7/10 knee pain. The applicant was using tramadol, Naprosyn, and Protonix as of that point in time. Permanent work restrictions imposed by medical-legal evaluator were renewed. Little-to-no discussion of medication efficacy was transpired. Electro diagnostic testing of bilateral lower extremities and an associated neurology consultation was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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 not seemingly working with limitations imposed by medical-legal evaluator in place, suggested on progress notes of February and March 2015, referenced above. The applicant continued to report pain complaints as high as 7/10, despite ongoing tramadol usage. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Nerve Conduction Velocity/Electromyography of bilateral lower extremities with neurological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272; 377; 347.

Decision rationale: The request for electro diagnostic testing to include an EMG-NCV of the bilateral lower extremities with associated neurology consultation was not medically necessary, medically appropriate, or indicated here. The applicant presented on Neurology consultation dated March 15, 2015 reporting complaints of knee pain radiating to the left leg. Numbness, tingling, paresthesias were confined to the left leg, it was reported on that date. Similarly, on February 17, 2015 progress note, the applicant reported burning left knee and left lower

extremity pain. A March 15, 2015 progress note was also notable for comments that the applicant had numbness, tingling, paresthesias confined to the left leg. The MTUS Guidelines in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV and EMG testing in the diagnostic evaluation of the applicants without symptoms is deemed not recommended. Since electro diagnostic testing of bilateral lower extremity would have included testing of the asymptomatic right lower extremity, the request, thus, as written, cannot be supported. Similarly, the MTUS Guidelines in ACOEM Chapter 14, Table 14-6, page 377, also notes that electrical studies such as NCV testing at issue are not recommended for applicants with foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. The MTUS Guidelines in ACOEM Chapter 13, Table 13-6, page 347 also notes that electrical studies are contraindicated for nearly all knee injuries diagnoses. Here, there was no mention of the applicant's a carrying diagnosis or suspected diagnosis such as peripheral neuropathy, generalized neuropathy, diabetic neuropathy, tarsal tunnel syndrome, etc., which would compelled NCV component of the request. Since multiple components of the request cannot be supported, including the NCV component of the request and the testing of the seemingly asymptomatic right lower extremity, the request was not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine Drug Tests.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment / Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter urine drug testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization, eschew confirmatory and/or quantitative testing outside of the emergency drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize the applicants into higher or lower-risk categorizes for whom more or less frequent drug testing would be indicated. Here, however, the attending provider's February 17, 2015 progress note did not clearly state which drug tests and/or drug panels were being tested. The attending provider did not identify when the applicant was last tested. The attending provider did not state why he was seemingly ordering drug testing on consecutive office visits of February 17, 2015 and March 17, 2015. Therefore, the request was not medically necessary.