

MATUTECH, INC.

PO BOX 310069
NEW BRAUNFELS, TX 78131
PHONE: 800-929-9078
FAX: 800-570-9544

Notice of Independent Review Decision

Date: October 2, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medication/denied by carrier based on a peer review dated 02/07/2012-States no further treatment is reasonable or necessary. List of medications: Hydrocodone APAP 7.5/325, tizanidine HCl 4 mg, Lyrica 75 mg and Voltaren gel or Flector patch.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Physical Medicine and Rehabilitation/Pain management Physician

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Review (02/07/12)
- Office visits (02/14/12 – 02/29/12)

- Therapy (07/22/09 – 09/10/10)
- Office visits (01/13/10 – 02/29/12)
- Review (02/07/12)

ODG criteria has been utilized for the denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who on xx/xx/xx, was injured when a student went into a rage. He was caught and she tried to help him release his foot. While she was doing this, the student began hitting and jerking her leg. She got his foot released and he ran away. He came back and began jerking on her leg and hitting her. The patient developed pain in her low back, legs and left shoulder.

On July 22, 2009, the patient underwent a functional capacity evaluation (FCE) that demonstrated her ability to work at a sedentary physical demand level (PDL). The evaluator noted that the patient had left shoulder pain and intermittent episodes of low back pain that radiated into her legs, right greater than left.

In July, the patient was discharged from Select Physical Therapy. The report is illegible.

2010: In January, M.D., evaluated the patient for worsening leg pain. She was utilizing medications on an as needed basis but her pain continued to worsen. Examination showed tenderness on the anterior thigh and weakness with hip flexion. Dr. assessed lumbar sprain/strain with chronic pain syndrome and suspect neuralgia; restarted Lyrica and refilled Soma, etodolac, hydrocodone and Voltaren gel 1%.

In February, M.D., evaluated the patient for low back and leg pain which was severe in the left lower extremity that made ambulation difficult. Examination showed tenderness in the lumbar midline and along the left sacroiliac (SI) region. She had a markedly positive left straight leg raise (SLR). She had increasing pain in the left lower extremity and had a sense that the extremity was going to give out. She had a markedly antalgic gait. Dr. recommended magnetic resonance imaging (MRI) of the lumbar spine.

In March, MRI of the lumbar spine showed no disc herniation, no stenosis, and no canal or nerve root compromise.

On follow-up, Dr. noted that the patient had increasing anxiety and depression and also had trouble sleeping. Dr. reviewed the MRI findings and opined that the patient had really stretched, bruised/contused and strained severely the entire musculature in the low back and the extremities. Dr. recommended work hardening program (WHP) and added Cymbalta.

In a functional abilities evaluation, the patient demonstrated the ability to perform at a light PDL, which did not meet her required job demand of medium PDL. The evaluator recommended a WHP.

In April, the patient attended two sessions of at Spinal Rehabilitation Center. Later, it was put on hold as the patient developed non-related swelling in her right lower extremity.

Dr. noted that the patient underwent ultrasound which showed probable ruptured Baker's cyst. Examination showed knee pain, low back pain and history of hypertension. The patient had mild soreness in the back which was related to her injury and was better than before. She had shoulder impingement. Dr. assessed impingement of the left shoulder, supraspinatus tendinosis with impingement syndrome, spinal pain and hypertension. Dr. recommended restarting the WHP and refilled her medications.

In May, the patient again attended two days of WHP.

On May 20, 2010, M.D., evaluated the patient for symptoms of anxiety and depression and ongoing severe pain in the right knee area. Dr. noted that the patient had participated in ten work hardening sessions with no improvement. He recommended a functional restoration program and MRI of the knee.

In August and September 2010, the patient attended several sessions of functional restoration program including physical activities and biofeedback training/individual psychotherapy.

In December, Dr. noted the patient was seen by an orthopedic surgeon who opined that the problems with the Baker's cyst was probably secondary to friction caused by the osteoarthritis in the knee and activity and that was not related to her injury. She had decreased space in the joint and fairly advanced osteoarthritis. Dr. prescribed Celebrex, Zanaflex and Lidoderm 5% patches for any discomfort.

2011: In January, Dr. noted that the patient had ongoing low back pain and some bilateral knee pain. He refilled Lyrica, Celebrex, tizanidine and hydrocodone.

In March, D.O., evaluated the patient for left shoulder pain and low back pain. She administered intramuscular (IM) injection of Toradol and recommended continuing Lyrica, Celebrex, hydrocodone and tizanidine.

Dr. noted that the patient had increased pain in her left shoulder. She had been diagnosed with impingement syndrome of her left shoulder. She had supraspinatus tendinosis with periodic flare-ups. He recommended a steroid injection into the left shoulder.

In May, Dr. noted the steroid injection had been denied. The patient had muscle spasm in the left shoulder and parascapular region. Dr. assessed left shoulder impingement, supraspinatus tendinosis and hypertension and refilled Lidoderm patches, Lyrica, Celebrex, tizanidine, and hydrocodone.

In September, Dr. noted that the patient had ongoing left shoulder limited range of motion (ROM) and low back pain. Dr. attributed the low back pain to the pre-existing degenerative disc disease (DDD). He discontinued Lidoderm and

recommended a trial of Flector patches, refilled Lyrica, tizanidine, and hydrocodone.

In November, the patient reported ongoing left shoulder and lumbar pain. It was noted that the requested injections were denied. The patient had limitation of ROM associated with pain and discomfort. Dr. refilled Lyrica, tizanidine and hydrocodone.

2012: On February 7, 2012, M.D., performed a peer review and rendered the following opinions: (1) The ongoing treatment was not causally related to the compensable injury. She had incurred a lumbar strain/sprain and bilateral leg contusion only. It was highly unlikely that her shoulder was injured on xx/xx/xx. It appeared the patient did not seek medical treatment for her knee until April 30, 2010, a year after the initial injury. The patient's compensable injuries should have resolved a maximum of three months status post injury. (2) No further treatment was indicated. In all medical probability, the patient's left shoulder and right knee were not related to her injury on xx/xx/xx. (3) None of the medications including hydrocodone, Lyrica, Flector, tizanidine, Celebrex, Voltaren, carisoprodol, etodolac and Lidoderm was indicated. (4) The patient's right knee showed degenerative changes (Baker's cyst and osteoarthritis). (5) The patient could return to work full duty with no restrictions. (6) The patient was at maximum medical improvement (MMI) around July 1, 2009, with 0% whole person impairment (WPI) rating. (7) Any treatment after June 25, 2009, was not indicated or related to the patient's worker's compensation injury.

Per letter dated 29, 2012, from pharmacy, it was stated that the patient would no longer be provided the needed medications as the carrier had denied the same on the basis of the peer review which stated that no further treatment was reasonable or necessary.

On May 10, 2012, Dr. evaluated the patient for her left shoulder problems. She had an impingement syndrome associated with some limitation of movement and strength. She had ongoing problems with the lower back because of associated back pain. She also suffered from hypertension. Dr. refilled Lyrica, tizanidine, hydrocodone and Voltaren gel. The patient was released to light duty with restrictions.

No further records are available.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The documentation reviewed regarding the initial injury on xx/xx/xx indicated the patient had pain in the leg and the hands. The compensable injury and initial presentation of the patient for care was for the complaint of low back pain and lower extremity contusions. The complaints of shoulder and knee pain were delayed for several months after the incident and therefore likely unrelated. The

patient had an MRI of the lumbar spine that was normal. The medications are not appropriate in accordance with ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES