
Notice of Independent Medical Review Determination

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]
7/1/2013

3/21/2013

7/12/2013

CM13-0001257

- 1) MAXIMUS Federal Services, Inc. has determined the request for a one (1) month supply of Dendracin lotion **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a one (1) month supply of Prilosec **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the right foot and ankle without contrast **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/12/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a one (1) month supply of Dendracin lotion **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a one (1) month supply of Prilosec **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for an MRI of the right foot and ankle without contrast **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013.

“Nurse Clinical summary: DOI: 03/21/2013. This is a case of 51 year old male laborer who sustained right ankle injury while he was walking and he tripped onto the object. As per initial foot and ankle surgeon consultation report dated 4/9/2013, he presented with pain in the right foot. The patient points to the dorsal aspect of right foot stating that he has a maximum pain. He specifically points to an area of the swelling on the dorsal aspect of his right foot in the third metatarsal. When he attempts to stand, he experiences a sharp debilitating pain when he applies pressure to the forefoot. The pain does not radiate to the toes. It does not radiate proximally. He also complains of numbness in toes 2, 3, and 4. the patient states that previous treatment has included pain medication, anti-inflammatory medications, and crutches. Based on the doctor's first report of occupational injury dated 6/21/2013, the patient complains of right foot and ankle pain, mainly on the top of the right foot, from right great toe and second toe. The pain is radiating to the right ankle and Achilles heel. On physical examination, there are pain and tenderness. Based on progress report dated 06/25/2013, the patient's condition has not improved since the last exam. He complains of pain and swelling. He is wearing Cam Walker. The patient is limping. There is minimal swelling noted at the fracture site. There is mild increase in temperature. There is pain with range of motion of the 3rd toe. The fracture site palp with fusiform swelling. The patient states that his right ankle still locks. X-ray (official reading not available) result is positive for callus

formation at the fracture site. His current diagnosis is closed fracture of the matatarsal. The patient was advised to wear the Cam walker and use cane if necessary. The bone stimulator was discussed with the patient if he progresses to a non-union. The patient is aware that his smoking can contribute to delayed bone healing.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by [REDACTED] (dated 7/1/13 & 7/16/13)
- Employee’s Medical Records by [REDACTED], MD (dated 6/21/13 & 7/24/13)
- Employee’s Medical Records by [REDACTED], D.P.M. (dated 4/9/13 thru 6/11/13)
- Employee’s Medical Records by [REDACTED], P.A. (dated 3/29/13)
- Employee’s Medical Records by [REDACTED], P.A. (dated 4/8/13)
- Employee’s Medical Records by [REDACTED] MD (dated 4/1/13)
- Employee’s Medical Records by [REDACTED] (dated 4/1/13 thru 7/1/13)
- Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Pg 111
- Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pg 68
- American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition (2004), Ankle and Foot Complaints Chapter, Special Studies and Diagnostic and Treatment Considerations
- American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition (2004), Ankle and Foot Complaints Chapter 14, pg 374

1) Regarding the request for a one (1) month supply of Dendracin lotion:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pg 111, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee sustained a right ankle injury on 3/21/13 and has experienced pain and swelling. The employee is wearing a Cam Walker and was advised to use a cane if necessary. The medical records received and reviewed indicate prior treatment has included pain medication, anti-inflammatory medications, and crutches. The request is for a one (1) month supply of Dendracin Lotion.

The MTUS Chronic Pain guidelines do not support the use of topical analgesics. They are considered experimental with few trials to support efficacy and safety. The request for a one (1) month supply of Dendracin lotion is not medically necessary and appropriate.

2) Regarding the request for a one (1) month supply of Prilosec:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), NSAIDs, GI symptoms & cardiovascular risk, pg 68, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a right ankle injury on 3/21/13 and has experienced pain and swelling. The employee is wearing a Cam Walker and was advised to use a cane if necessary. The medical records received and reviewed indicate prior treatment has included pain medication, anti-inflammatory medications, and crutches. The request is for a one (1) month supply of Prilosec.

Per the MTUS Chronic Pain guidelines, clinicians should weight the indications for non-steroidal anti-inflammatory drugs against both gastrointestinal and cardiovascular risk factors. Per medical records submitted and reviewed, there are no obvious risk factors or signs of cardiovascular disease that would require the use of a proton pump inhibitor. The request for a one (1) month supply of Prilosec is not medically necessary and appropriate.

3) Regarding the request for an MRI of the right foot and ankle without contrast:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Ankle and Foot Complaints, Special Studies and Diagnostic and Treatment Considerations, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a right ankle injury on 3/21/13 and has experienced pain and swelling. The employee is wearing a Cam Walker and was advised to use a cane if necessary. The medical records received and reviewed indicate

prior treatment has included pain medication, anti-inflammatory medications, and crutches. The request is for an MRI of the right foot and ankle without contrast.

Per ACOEM guidelines, for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Per medical records submitted and reviewed, the employee is still experiencing persistent swelling of the right foot and ankle. The guideline criteria have been met. The request for an MRI of the right foot and ankle without contrast is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.