

Case Number:	CM13-0004252		
Date Assigned:	06/06/2014	Date of Injury:	02/01/2012
Decision Date:	07/24/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old female who reported an injury on 02/01/2012 due to a slip and fall. The injured worker complained of pain and swelling in the right foot and ankle. The injured worker also complained of constant pain to the left knee and lower back. There was no measurable pain documented. Physical examination revealed that the injured worker's gait was antalgic, favoring the right lower extremity. The injured worker showed tenderness to palpation to her lower back. Mild to slight paraspinal muscle spasm was present in the lumbar region. The injured worker has diagnoses of foot fracture, ankle sprain/strain and ankle tenderness. The treatment the injured worker has had psychotherapy, physical therapy and medication therapy. Medications include gabapentin 6%/ketoprofen 10%/Lidocaine HCL 5% 60GM and Capsaicin 0.0375%/Menthol 10% LDS 60GM. The treatment plan is for PAIN MANAGEMENT EVALUATION. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The request for Pain Management Evaluation is non-certified. The injured worker complained of pain and swelling in the right foot and ankle. The injured worker also complained of constant pain to the left knee and lower back. The ODG states that determination of an evaluation is based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As evidence by the report submitted for review the only medications the injured was noted to be using were gabapentin 6%/ketoprofen 10%/Lidocaine HCL 5% 60GM and Capsaicin 0.0375%/Menthol 10% LDS 60GM topical creams. The records show no use of NSAIDs or any other type of pain medication. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There was no documented evidence showing as to how a pain management evaluation would benefit any functional deficits the injured worker may have. As such, the request is not medically necessary.