

<b>Case Number:</b>	CM13-0015437		
<b>Date Assigned:</b>	10/08/2013	<b>Date of Injury:</b>	05/10/2007
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio. 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 physician 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 patient is 56 year old female who reported an injury on 05/10/2007. The mechanism of injury was not indicated in the medical records provided for review. The most recent clinical note dated 09/24/2013 reported the patient complained of lower back, right knee and ankle pain 8/10. The patient is complaining of acid reflux secondary to medications. There is discussion that the patient received epidural steroid injection, and indicated decreased pain and increased range of motion after the injection for approximately 4 months. The patient has failed 30 sessions of physical therapy. All active lumbar spine range of motion activity produced localized pain. Decreased sensory was noted to L5-S1. There were positive straight leg raise on the right, positive Valsalva, and Kemp's test bilaterally. Bilateral knees had limited range of motion with pain upon flexion, and extension, with positive McMurray to the right. The patient was prescribed Prilosec to aid with acid reflux and Tramadol was also prescribed to help with pain. The patient was instructed to stop taking Relafen due to it causes gastroesophageal reflux.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ankle Soft Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (acute and chronic.)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle and Foot, section on Bracing (Immobilization.)

**Decision rationale:** ACOEM Guidelines do not recommend the use of prolonged supports or bracing without exercise due to the risk of debilitation. For acute swelling or discomfort rest and elevation are recommended. Official Disability Guidelines state the use of bracing is not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. The patient's ankle ailments are chronic and as such the use of immobilization is not recommended. The request for a right ankle soft brace is not medically necessary and appropriate.

**1 Prescription of Nabumetone 750mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-74.

**Decision rationale:** MTUS Chronic Pain Guidelines state NSAIDs are not more effective than acetaminophen for acute low-back pain, and that acetaminophen has fewer side effects, and is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS Chronic Pain Guidelines and the Official Disability Guidelines both state that Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. According to the medical records provided for review, the patient has a documented history of gastric reflux. Also, the clinical information does not indicate the patient has tried acetaminophen or experienced objective functional improvement with the use of this medication. The request for 1 prescription of Nabumetone 750mg is not medically necessary and appropriate.

**1 Prescription of Omeprazole 20mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** MTUS Chronic Pain Guidelines state proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Although the patient was noted as having gastric difficulties while taking a number of medications, the medications which were producing the gastric difficulties have not been certified. Also, it was not determined the patient was at risk for gastrointestinal events. The request for 1 Prescription of Omeprazole 20mg #120 is not medically necessary and appropriate.

## **1 Prescription of Tramadol 150mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78, 94-95..

**Decision rationale:** MTUS Chronic Pain Guidelines recommend the immediate release formulation of Tramadol is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day.) This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief the initial starting dose may be 50mg to 100mg every 4 to 6 hours (max 400mg/day.) The MTUS Chronic Pain Guidelines also state the 4A's should be monitored and documented to include analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The clinical information submitted did not address the 4A's and did not support efficacy with this medication to support continuation. As such, the request for 1 prescription of Tramadol 150mg #60 is not medically necessary and appropriate.

## **1 Urine Drug Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Guidelines state the use of drug screening or inpatient treatment with issues of abuse, additional or poor pain control is recommended. The documentation did not indicate there was suspicion or issues of abuse, addiction or poor pain control to meet guideline criteria for the requested screening. As such the request for 1 urine drug screen is not medically necessary and appropriate

## **A series of unknown sessions of physical therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS Chronic Pain Guidelines recommend physical therapy for a maximum of 10 sessions. There is documentation in the medical records provided for review that the patient had failed 30 sessions of physical therapy previously. Therefore, continuation of physical therapy would not be supported. Also, the number of sessions being requested was not

provided. As such the request for unknown sessions of physical therapy is not medically necessary and appropriate.