MAXIMUS Federal Services

Case Number:	CM13-0015885		
Date Assigned:	10/10/2013	Date of Injury:	01/12/2006
Decision Date:	02/05/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational 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 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 applicant is a represented [redacted], employee who has filed the claim for chronic low back, foot, and knee pain reportedly associated with an industrial injury of January 12, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; nutritional supplements; topical compounds; knee injections; apparent diagnosis of fibromyalgia; a TENS unit; and extensive periods of time off of work, on total temporary disability. In a Utilization Review report of August 16, 2013, the claims administrator denied a request for various topical compounds, unspecified foot surgeries, Norco, glucosamine, and a Urine Drug screen. The applicant's attorney subsequently appealed. It is incidentally noted that the Utilization Review report is extreme difficult to follow and does not convey the decisions across very clearly. In an August 16, 2013 note, the applicant presents with persistent right foot and left knee pain. She was given a knee corticosteroid injection which has not help. She exhibits a positive McMurray's sign. She is status post medial meniscectomy. She is diagnosed with neck pain, thoracic pain, low back pain, lumbar disk bulging, chest contusion, forearm contusion, bilateral hand strain, bilateral knee pain, right great toe pain status post cheilectomy, second and third metatarsal joint release surgeries in 2011, right great toe proximal osteotomy, and right radial fracture. The applicant is placed off of work, on total temporary disability and given prescription for Xoten, Norco, and glucosamine. The applicant is placed off of work, on total temporary disability. An earlier note of June 25, 2013, is notable for comments that the applicant is off of work and may carry diagnoses of myalgias/myositis and possible fibromyalgia, it is noted. A July 8, 2013, report states that the applicant has a moderate-to-severe impairment in terms of great toe function. She has permanent hyperextension of the DI

IMR ISSUES, DECISIONS AND RATIONALES

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

Foot Surgery (unspecified): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation and the following article: Anthony Watson, MD. Hammertoe Deformity Treatment & Management. Surgical Therapy, found at http://emedicine.medscape.com/article/1235341-treatment#a1128.

Decision rationale: The proposed foot surgery to rectify the hammertoe deformity at the third digit DIP joint is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, failure of conservative treatment with a diagnosis of Hallux valgus should lead to consideration of surgery. In this case, the applicant does not precisely have a Hallux valgus, but has an analogous condition, a hammertoe deformity. As noted in the Medscape article, surgical treatment/surgical remedy for hammertoe deformities can be recommended if there is evidence of failure of conservative measures. In this case, it appears that the applicant has in fact failed both conservative treatment with time, medications, etc., as well as prior surgical treatment. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.

Xoten-C Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental, as a class, to be considered only if there is evidence that trials of antidepressants and/or anticonvulsants have been attempted for neuropathic pain and failed. In this case, however, there is no clear evidence that the applicant has tried and failed antidepressants and/or anticonvulsants for neuropathic pain. Therefore, the request is not certified.

Hydrocodone/ APAP: 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 Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant remains off of work, on total temporary disability, several years removed from the date of injury. The attending provider has not clearly furnished any evidence of improved performance of nonwork activities of daily living or analgesia effected as a result of prior opioid usage. The attending provider simply stated that usage of Norco has generated unspecified improvement in terms of activities of daily living. This is outweighed by a lack of clear description of which activities of daily living have been ameliorated as a result of prior opioid usage. Therefore, the request is not certified.

Cartivisc: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of arthritis, especially knee arthritis. In this case, on July 26, 2013, the applicant was described as having radiographically confirmed and clinically evidence knee arthritis. Glucosamine or Cartivisc is an appropriate treatment for the same. Therefore, the request is certified, on Independent Medical Review.

Urinalysis/UDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Use of Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or frequency with which to perform said drug testing. As noted in the ODG Chronic Pain chapter Urine Drug testing topic, an attending provider should clearly furnish a list of those drug tests and/or drug panels which he is testing for along with the request for authorization. The attending provider should also clearly state the applicant's present medication list or medication profile. In this case, however, the attending provider did not furnish a complete list of all medications the applicant is taking. The attending provider did not state which drug test and/or drug panels which he intended to test for. The attending provider did not state when the last set of Urine Drug testing the applicant underwent took place. For all of these reasons, then, the request is not certified.