

Case Number:	CM13-0017695		
Date Assigned:	10/11/2013	Date of Injury:	02/05/2004
Decision Date:	01/23/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/28/2013

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 Management 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:

This is a male patient with a date of injury of February 5, 2004. A progress report dated February 22, 2013 identifies subjective complaints stating, "he also has reflux associated with medications and would like to continue with omeprazole." Physical examination identifies, "muscular skeletal: negative for joint swelling and stiffness." Treatment plan recommends, "replacement of his bilateral knee high compression garments for leg pain and swelling." A progress report dated July 30, 2013 identifies subjective complaints stating, "patient returns with persistent right ankle and foot pain and reports having 8/10 severity pain on today's visit. His right ankle pain radiates to the right leg. He has constant achy and throbbing type pain. Increase in pain noted with walking associated with weakness and cramps in the right leg. He has to use a cane for stability and weakness in the right leg. Patient is requesting replacement shoes and compression garments for his leg." Objective examination findings identify, "muscular skeletal: negative for joint swelling and stiffness." Diagnoses include status post right ankle surgery with osteochondral autograft transfer system surgery, degenerative changes right ankle, total ankle arthroplasty right surgery. Treatment plan recommends hydrocodone, etodolac, omeprazole, "replacement of his existing shoes which help him for his right ankle pain and gives him extra stability while walking" and "knee-high compression garments minimize swelling in the right leg."

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): s 67-69.

Decision rationale: Regarding the request for Etodolac, MTUS Chronic Pain Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Etodolac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the request for Etodolac is not medically necessary and appropriate.

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 76-79.

Decision rationale: Regarding the request for Hydrocodone, MTUS Chronic Pain Guidelines state that Hydrocodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Hydrocodone is improving the patient's function or pain (in terms of percent analgesic benefit or reduction in NRS), no documentation regarding side effects, and no discussion regarding aberrant use. The request for Hydrocodone 10/325mg #60 is not medically necessary and appropriate.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): s 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): s 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Proton Pump Inhibitors.

Decision rationale: Regarding the request for omeprazole 20 mg, MTUS Chronic Pain Guidelines recommend the use of proton pump inhibitors for patients that are on high-dose NSAIDs, and are therefore at high risk of gastrointestinal events. The Official Disability Guidelines recommend proton pump inhibitors for patients who have a high-risk for gastrointestinal events. Within the documentation available for review, it is clear that the patient is being instructed to take high-dose nonsteroidal anti-inflammatory medication. The requesting

physician stated that the patient's reflux disease is a result of the medications prescribed. The medical records provided for review do not discuss the medical necessity regarding the ongoing use of NSAIDs and hydrocodone. Therefore, since the medical necessity of hydrocodone and NSAIDs has not been established, the ongoing use of omeprazole would be unnecessary. As such, the request for Omeprazole 20mg #30 is not medically necessary and appropriate.

Pair of knee high compression garments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Knee and Leg- Compression garments

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Compression Garments.

Decision rationale: Regarding the request for compression garments, MTUS Chronic Pain Guidelines do not contain criteria for the use of compression garments. The Official Disability Guidelines state that compression garments are recommended for the management of telangiectases after sclerotherapy, varicose veins, and prevention of edema and deep vein thrombosis. Guidelines go on to state that high-level compression is effective in healing light ulcers, preventing progression of post thrombotic syndrome, as well as managing lymphedema. Within the documentation available for review, the requesting physician has not identified that the patient has any of these diagnoses. There are no objective examination findings that would be consistent with any of these diagnoses. Additionally, there is no indication as to whether the patient is using low-level compression or high-level compression currently. In the absence of clarity regarding these issues, the request for a pair of knee high compression garments is not medically necessary and appropriate.

Replacement of existing shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Ankle and Foot, Orthotic devices; Knee and Leg, Footwear, knee arthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter section on Footwear, and the Ankle & Foot Chapter section on Orthotic Devices.

Decision rationale: Regarding the request for replacement of existing shoes, MTUS Chronic Pain Guidelines do not contain criteria for the use of footwear. The Official Disability Guidelines state that footwear is recommended as an option for patients with knee osteoarthritis. The Guidelines go on to recommend the use of ankle braces for the treatment of ankle sprains or strains. Within the documentation available for review, it is unclear exactly what type of footwear is being recommended. There is no indication that this is a specific medical shoe as

opposed to regular off-the-shelf footwear. If ankle support is being desired, it is unclear why an ankle brace which would work with multiple types of footwear would not be utilized. In the absence of clarity regarding those issues, the request for a replacement of existing shoes is not medically necessary and appropriate.