

Case Number:	CM13-0027649		
Date Assigned:	03/19/2014	Date of Injury:	12/28/2007
Decision Date:	05/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, 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 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:

9/30/13 medical report indicates that the patient has a compensatory limping gait causing back issues. The patient has depression and hypertension. Physical exam demonstrates tenderness along the ankle joint, tenderness along the Achilles tendon, and a symptomatic lump along the repair site. Treatment to date has included medication, ankle brace, Achilles tendon repair, pool program, orthotics, and activity modification. A TENS unit has been non-specifically helpful. Discussion identifies that the patient has a lump that needs to be resected by means of lumpectomy. The patient underwent a previous Achilles tendon repair. He has tenderness along the posterior aspect of the ankle and a positive Tinel's along the tarsal tunnel. Flexeril was reported to have been 'very helpful'. There is documentation of a previous adverse determination on 9/11/13; Prilosec was modified to #30; Flexeril was denied for lack of documented improvement with previous Flexeril use and lack of muscle spasms on exam; the soft tissue debridement was denied for lack of current MRI reports. A TENS replacement was denied for undocumented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms Page(s): 68-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors(PPI).

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

Decision rationale: CA MTUS supports proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request was not medically necessary.

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no evidence of failure of first-line therapeutic options. There is also no documentation that treatment will be limited to a short-term treatment course. Spasms were not evident on physical exam. While Flexeril was reported to have been 'very helpful', specific functional improvement related to previous Flexeril use was not documented. Therefore, the request was not medically necessary.

REMOVAL OF SOFT TISSUE FROM LEFT ACHILLES TENDON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelers Textbook of Orthopedics (online version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: CA MTUS states that surgical consultation/intervention may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement, failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The patient underwent a previous Achilles tendon repair. He has tenderness along the posterior aspect of the

ankle and a positive Tinel's along the tarsal tunnel. Discussion identifies that the patient has a lump that needs to be resected by means of lumpectomy. However, the specific location and extent of the lump was not clearly assessed. The etiology remains unclear. Recent MRI reports were not obtained. The request was not medically necessary.

REPLACEMENT TENS UNIT PURCHASED ON 8/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history over the last months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no specific assessment of objective functional response to previous TENS treatment. There is insufficient documentation to establish medical necessity for the requested replacement TENS unit.