

Case Number:	CM13-0030541		
Date Assigned:	11/27/2013	Date of Injury:	08/29/2010
Decision Date:	05/02/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/30/2013

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 Orthopedic Surgery 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 patient is a 50-year-old male who reported an injury on 08/29/2010. The patient was reportedly injured when he stepped into a hole and sprained his ankle. The patient is currently diagnosed with lumbar strain, lumbar discogenic pain, lumbar facet syndrome, lumbosacral radiculopathy, ischial bursitis, piriformis syndrome, hip pain, hip capsulitis, ankle sprain, ankle pain, and chronic pain. The patient was seen by [REDACTED] on 09/09/2013. Physical examination revealed painful range of motion of the lumbar spine, positive straight leg raising on the left, and intact sensation. The treatment recommendations included continuation of current medication, a repeat MRI of the left ankle, authorization for an orthopedic consultation, and authorization for pain psychology consultation with eight (8) follow-up visits to twelve (12) follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The MTUS/ACOEM Guidelines indicate that for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. As per the documentation submitted, there is no evidence of a significant musculoskeletal or a neurological deficit with regard to the left lower extremity upon physical examination. There is no documentation of an exhaustion of conservative treatment prior to the request for an imaging study. There were no plain films obtained prior to the request for an MRI. Additionally, there is no evidence of a significant change or a progression of symptoms that would indicate the need for a repeat MRI of the left ankle. Based on the clinical information received, the request is non-certified.

ORTHOPEDIC CONSULTATION FOR THE LEFT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient does not demonstrate significant musculoskeletal or neurological deficit with regard to the left lower extremity upon physical examination. There is no indication of an exhaustion of conservative treatment prior to the request for a specialty consultation. The patient has been previously seen by an orthopedic specialist for subtalar osteoarthritis and talonavicular osteoarthritis of the ankle. However, the specific dates and details of the orthopedic recommendations and review of reports are unknown. Based on the clinical information received, the request is non-certified.

EIGHT TO TWELVE (8-12) PAIN PSYCHOTHERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Psychological treatment Page(s): 100.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The MTUS/ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted for review, the patient does not demonstrate signs or symptoms of distress. There is no objective documentation of an anxiety or depressive disorder. The request for eight (8) pain psychology visits to twelve (12) pain psychology visits is excessive in nature.

The patient's clinical status would need re-assessment at each visit to determine future medical care. Based on the clinical information received, the request is non-certified.

TOPAMAX 50MG #60, ½ TABLET ONE TO TWO (1-2) TIMES A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 17-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The Chronic Pain Guidelines indicate that anti-epilepsy drugs are recommended for neuropathic pain. Topamax is considered for use for neuropathic pain when other anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of a failure to respond to first line anticonvulsant medications. Based on the clinical information received and the Guidelines, the request is non-certified.

CYCLOBENZAPRINE 7.5MG #90, EVERY EIGHT (8) HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for chronic pain - Cyclobenzaprine (Flexeril) Pag.

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

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. Satisfactory response to treatment has not been indicated. Cyclobenzaprine should not be used Final Determination Letter for IMR Case Number CM13-0030541 5 for longer than two (2) weeks to three (3) weeks. Based on the clinical information received, the request is non-certified.

TOPIRAMATE 50MG #60, TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 17-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: The Chronic Pain Guidelines indicate that anti-epilepsy drugs are recommended for neuropathic pain. Topamax (topiramate) is considered for use for neuropathic

pain when other anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of a failure to respond to first line anticonvulsant medications. Based on the clinical information received and the Guidelines, the request is non-certified.