

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0034326 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 10/29/2011 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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 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 patient is a 45-year-old injured worker who reported an injury on 10/29/2011. The injury was noted to have occurred while the patient was running to an alarm at [REDACTED]. The patient was noted to have previously had a left 1st tarsometatarsal fusion in 05/2012, which went on to nonunion. The patient had continued significant pain following the surgery and had failed all conservative treatment, and a recommendation was made for a left 1st tarsometatarsal revision arthrodesis with removal of broken hardware and placement of a tricortical iliac crest autograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice therapy unit or bladder attachment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & foot, continuous-flow cryotherapy; Knee & leg, continuous-flow cryotherapy.

Decision rationale: According to the Official Disability Guidelines, continuous flow cryotherapy is not recommended in the treatment of disorders of the foot and ankle. Continuous

flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage postoperatively; however, most studies have been for the treatment of knee conditions. Additionally, continuous flow cryotherapy is only recommended up to 7 days for postoperative use following knee surgery. The request for an ice therapy unit does not specify the length of time the patient will be using this unit. The request for an ice therapy unit or bladder attachment is not medically necessary and appropriate.

Nucynta 100 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): s 77-78.

Decision rationale: According to the California MTUS Guidelines, when initiating opioid therapy, a short acting opioid should be initiated first, trying 1 medication at a time. The patient was noted to have previously been treated with tramadol. The prescription for Nucynta is noted to be used postoperatively only. The Official Disability Guidelines indicate that Nucynta is recommended as a second line therapy for patients who developed intolerable adverse effects with first line opioids. As the patient was noted to have adverse effects with the use of Norco, the request for Nucynta is supported by the guidelines. The request for Nucynta 100mg is medically necessary and appropriate.