

Case Number:	CM13-0034942		
Date Assigned:	12/11/2013	Date of Injury:	01/01/2011
Decision Date:	02/04/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 40 year old female who sustained a work related injury on 01/01/2011. The mechanism of injury was not provided. Her diagnoses include low back pain, bilateral knee pain, plantar fasciitis of the right foot, status post arthroscopic surgery with osteochondral drilling of the right ankle, osteochondritis dessicans of the right ankle and sprain/strain of the right ankle. On exam she continues with low back pain and right ankle pain with range of motion. Most of the pain involves the medial and central bands of the plantar fascia. The treating provider has requested Norco 10/325mg #60 + 5 refills, Tramadol 50mg #60 + 5 refills, Prilosec 20mg #60+5 refills, Fiorcet #30 +5 refills, TENS-EMS, LSO Brace and a Donut Pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Norco for breakthrough pain. Per California MTUS Guidelines, short-acting

opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of short acting opioid medications. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.

Tramadol 50mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 and 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultram 50 mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram (Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The claimant is currently maintained on Norco and Tramadol for pain control. In addition, the documentation provided is lacking of California MTUS Opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Prilosec 20mg #60 with 5 refills: Upheld

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

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

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include age of greater than 65 years, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Fioricet #30 with 5 refills: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Fioricet is a barbiturate-containing analgesic used in the treatment of migraine and tension headaches. Per California MTUS 2009, the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. It is not considered a medication for the treatment of chronic pain. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

TENS/EMS unit (one month trial rental): Upheld

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

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

Decision rationale: TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions of neuropathic pain and pain associated with conditions such as diabetic neuropathy and post-herpetic neuralgia and the complex regional pain syndrome. There is no documentation provided indicating the claimant has a neuropathic pain condition. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

lumbar-sacral orthotic brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per California MTUS 2009 Guidelines, lumbar supports are only indicated for fractures, spondylolisthesis or documented instability, and it is noted that there is no supportive evidence of their long-term effectiveness. There is no documentation of these clinical issues with this claimant. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

donut pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare/Blue Cross of California Medical Policy Durable Medical Equipment.

Decision rationale: The guidelines from CMS Medicare/Blue Cross of California Medical Durable Medical Equipment note that durable medical equipment is defined as an item which provides therapeutic benefits or enables the member to perform certain tasks that he or she is unable to undertake otherwise due to certain medical conditions or illnesses. There is no specific documentation that the requested donut pillow is necessary to improve the claimant's foot and back conditions. The requested donut pillow is not specifically required to ensure subjective, objective and functional benefit to her condition. Medical necessity for the requested item has not been established. The requested item is not medically necessary.