

Case Number:	CM13-0047432		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2012
Decision Date:	02/14/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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:

This 38 year-old female sustained an injury to her right foot and she stepped into a hole on 8/16/12 while employed [REDACTED]. Requests under consideration include E0745 H wave unit 30 day trial, Acupuncture 2 times per week for 3 weeks (6 visits), Ketoprofen 75 mg Qty 90 1 tab TID, Omeprazole 20 mg qty 60 1 tab QD, Urine test to monitor long term use of medications. Diagnoses include Lisfranc joint fracture/subluxation of right foot; residual degenerative joint disease of right right foot; peroneal tendonitis of right foot; long-term use of medications. MRI of right dated 9/5/13 showed interval partial healing of second metatarsal base fracture at level of Lisfranc joint with mild secondary osteophyte formation at 1st and 2nd MT base; minimal marrow edema likely related to bony remodeling; interval healing of 4th MT base fracture with mild secondary osteophyte formation; incomplete healing of medial base of 3rd MT. Orthopedic report of 10/4/13 from [REDACTED] noted patient was performing home exercises regularly; no change in oral and topical medications, Ketoprofen 3x/ day, Omeprazole, and Tramadol. She had extensive PT in the past, but no acupuncture. Exam showed right ankle/foot with TTP at base of 2nd through 4th MT and metatarsal heads on plantar surface, anterolateral ankle, and peroneal tendon; DF was 15 degrees, plantar flex 40 degrees, inversion 20 degrees, and eversion 5 degrees. Treatment plan included medications Tramadol, Ketoprofen, Omeprazole; acupuncture 2x/wk for 3 weeks; 30-day H-wave trial; and urine drug screen due to long-term use of medications. Requests were non-certified on 10/22/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

E0745 H wave unit 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: : This 38 year-old female sustained an injury to her right foot and she stepped into a hole on 8/16/12 while employed [REDACTED]. Diagnoses include Lisfranc joint fracture/subluxation of right foot; residual degenerative joint disease of right foot; peroneal tendonitis of right foot; long-term use of medications. MRI of right dated 9/5/13 showed interval partial healing of the 2nd to 4th MT Lisfranc fracture with osteophyte changes. Orthopedic report of 10/4/13 from [REDACTED] noted patient was performing home exercises regularly; no change in oral and topical medications, Ketoprofen 3x/ day, Omeprazole, and Tramadol. She had extensive PT in the past, but no acupuncture. Exam showed tenderness on palpation of right foot areas with some restrictions in range. Per guidelines, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). Submitted reports have not demonstrated having met these criteria and the patient is continuing with a HEP. The E0745 H wave unit 30 day trial is not medically necessary and appropriate.

Acupuncture 2 times per week for 3 weeks (6 visits): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8,9.

Decision rationale: The Physician Reviewer's decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have demonstrated the medical indication to support this request. The patient has sustained a significant Lisfranc joint fracture/subluxation of the right foot with residual degenerative joint disease and only partial healing of the 2nd to 4th metatarsal fractures by MRI. She continues to treat for chronic pain and is performing her exercises regularly but with slow healing. The provider has stated the patient has never tried acupuncture which is appropriate to assist in the healing process of her foot fracture. Acupuncture 2 times per week for 3 weeks (6 visits) is medically necessary and appropriate.

Ketoprofen 75 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 3 Page(s): 47.

Decision rationale: This 38 year-old female sustained an injury to her right foot and she stepped into a hole on 8/16/12 while employed [REDACTED]. Diagnoses include Lisfranc joint fracture/subluxation of right foot; residual degenerative joint disease of right foot; peroneal tendonitis of right foot; long-term use of medications. Ketoprofen (Orudis) is a nonsteroidal anti-inflammatory drug. Guidelines states "when NSAIDS are used for more than a few weeks, they can retard muscle and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely." Submitted reports have not adequately demonstrated support for the ongoing treatment with NSAID medication for this 2012 injury without documented acute flare or new injury. The Ketoprofen 75 mg Qty 90 1 tab TID is not medically necessary and appropriate.

Omeprazole 20 mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: : This 38 year-old female sustained an injury to her right foot and she stepped into a hole on 8/16/12 while employed [REDACTED]. Diagnoses include Lisfranc joint fracture/subluxation of right foot; residual degenerative joint disease of right foot; peroneal tendonitis of right foot; long-term use of medications. MRI of right dated 9/5/13 showed interval partial healing of the 2nd to 4th MT Lisfranc fracture with osteophyte changes. Orthopedic report of 10/4/13 from [REDACTED] noted patient was performing home exercises regularly; no change in oral and topical medications, Ketoprofen 3x/ day, Omeprazole, and Tramadol. This enteric coated medication is for treatment of the problems associated with erosive epophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 20 mg qty 60 1 tab QD is not medically necessary and appropriate.

Urine test to monitor long term use of medications: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This 38 year-old female sustained an injury to her right foot and she stepped into a hole on 8/16/12 while employed [REDACTED]. Diagnoses include Lisfranc joint fracture/subluxation of right foot; residual degenerative joint disease of right foot; peroneal tendonitis of right foot; long-term use of medications. MRI of right dated 9/5/13 showed interval partial healing of the 2nd to 4th MT Lisfranc fracture with osteophyte changes. Orthopedic report of 10/4/13 from [REDACTED] noted patient was performing home exercises regularly; no change in oral and topical medications, Ketoprofen 3x/ day, Omeprazole, and Tramadol. She had extensive PT in the past, but no acupuncture. Exam showed tenderness on palpation of right foot areas with some restrictions in range. MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid with last surgery in 2012. Presented medical reports have unchanged symptoms with unchanged clinical findings. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine test to monitor long term use of medications is not medically necessary and appropriate.