

Case Number:	CM13-0049538		
Date Assigned:	12/27/2013	Date of Injury:	07/23/2010
Decision Date:	03/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/08/2013

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 Orthopedic Surgery and is licensed to practice in Texas, Nebraska, Michigan and Indiana. 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 42 year old male who reported an injury on 07/23/2010. The patient was reportedly injured when a concrete block fell onto his left lower extremity. The patient is diagnosed with left lower extremity pain, CRPS 2, and muscle disuse atrophy. The patient was recently seen on 11/21/2013. The patient reported increasing lower extremity pain. Physical examination revealed left lower extremity atrophy, left heel/plantar surface pain, weakness and tenderness of the left posterior lateral aspect of the distal leg, tenderness to palpation throughout the entire foot, ankle, and calf, and tenderness to palpation along the tibia, mid shin. Treatment recommendations included continuation of current medications, transportation service, an orthopedic evaluation, a neurologist consultation, and a podiatrist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation Left Leg/Tibia, Fibula: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127. Chronic Pain Guidelines, Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle and Foot, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) page 89-92

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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's injury was greater than 3 years ago to date, and there is no evidence of a significant change in the patient's symptoms or physical examination findings. There is no indication that this patient requires surgical intervention. The medical necessity for the requested service has not been established. Therefore, the request is noncertified.

Neurologist Referral for Lumbar Radiculopathy:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127. Chronic Pain Guidelines, Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle and Foot, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004),page 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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 maintains diagnoses of left lower extremity pain, CRPS2, and muscle disuse atrophy. The relation of lumbar radiculopathy to the industrial injury has not been established. There was no physical examination of the lumbar spine provided for review on the requesting date of 11/21/2013. An exhaustion of conservative treatment has also not been documented for the lumbar spine. Based on the clinical information received, the request is noncertified.

Podiatry Referral for Shoe Inserts: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, page 127. Chronic Pain Guidelines, Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle and Foot, Orthotic devices.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004), page 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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 has utilized inserts in the past. The patient has been referred to a podiatrist in the past, and there is no indication of a significant change in the patient's symptoms or physical examination findings. It is unclear as to what objective benefit the patient received from previous shoe inserts. The medical necessity has not been established. Therefore, the request is noncertified.

Tramadol- No quantity, frequency dosage or duration:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent 9/10 pain. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is noncertified.

Neurontin 300 and 600- No quantity, frequency dosage or duration provided: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report worsening lower extremity pain. The patient's physical examination reveals no significant changes that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is noncertified.

Naproxen- No quantity, frequency dosage or duration:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 9/10 pain. There is no change in the patient's physical examination that would indicate functional improvement. The California MTUS Guidelines further state there is no evidence of long term effectiveness for pain or function. Based on the clinical information received, the request is noncertified.

Norco- No quantity, frequency dosage or duration: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent 9/10 pain. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is noncertified.