MAXIMUS Federal Services

Case Number:	CM13-0052316		
Date Assigned:	12/27/2013	Date of Injury:	03/28/2008
Decision Date:	03/21/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Internal Medicine has a subspecialty in Pulmonary Disease 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 61-year-old injured worker who reported an injury on 03/28/2008. The injury was noted to have occurred to her right Achilles tendon when she stepped off the bus incorrectly. She was noted to have had right ankle surgery on 05/22/2013 to repair her Achilles tendon tear. Her diagnoses include right foot and ankle sprain/strain, diabetes mellitus, status post stent bypass coronary artery, Achilles tendonitis of the right ankle, and symptoms of anxiety/depressive illness. Her current medications were noted to include Norco 10/325 mg every 4 to 6 hours as needed for pain and Ultram 150 mg every 4 to 6 hours as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to treat the right ankle, three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended at 9 to 10 visits over 8 weeks for the treatment of unspecified myalgia and myositis. The clinical information submitted for review indicates the patient participated in

previous postoperative physical therapy and was approved 4 more visits last fall. However, documentation indicated positive objective functional gains made with their previous physical therapy was not provided for review. In the absence of measurable objective functional gains made with previous visits, the request for continued physical therapy is not supported by evidence-based guidelines. Additionally, as the patient has exceeded their postoperative physical medicine, the request for visits 3 times a week times 6 weeks exceeds the guidelines recommendations of a total of 9 to 10 visits over 8 weeks for the treatment of unspecified myalgia and myositis. The request for physical therapy for the right ankle, three times a week for six weeks is not medically necessary and appropriate.

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines the ongoing management of patient's taking opioid medication needs to include documentation of pain relief, functional status, and the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The clinical information submitted for review failed to provide any details regarding the patient's pain, including numerical pain levels in their most recent office notes. Additionally, the documentation does not show whether the patient has increased function with use of medications, whether there are any adverse effects with use of the medications, or whether the patient has shown any aberrant drug-taking behaviors. In the absence of this detailed documentation required by the guidelines for the ongoing use of opioids, the request is not supported. The request for Norco 10/325 # 120 is not medically necessary and appropriate.

Ultram 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines the ongoing management of patient's taking opioid medication needs to include documentation of pain relief, functional status, and the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The clinical information submitted for review failed to provide any details regarding the patient's pain, including numerical pain levels in her most recent office notes. Additionally, the documentation does not show whether the patient has increased function with use of medications, whether there are any adverse effects with use of the medications, or whether the patient has shown any aberrant drug-taking behaviors. In the

absence of this detailed documentation required by the guidelines for the ongoing use of opioids, the request is not supported. The request for Ultram 150mg # 30 is not medically necessary and appropriate.