

Case Number:	CM13-0052738		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2012
Decision Date:	11/05/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 field worker sustained an industrial injury on 8/16/2012, while working in a vineyard. She stepped in a hole with her right foot and fell, twisting her right foot/ankle. She sustained metatarsal fractures and a Lisfranc dislocation. The 8/28/13 treating physician report indicated that the patient had developed permanent deformities of the foot due to the fracture and fracture dislocation. Subjective complaints included sharp pain and swelling across the right mid-foot and up the lateral aspect of the right foot/ankle/leg with weight bearing activities. Physical exam documented she stood with right forefoot abducted and walked with a right sided antalgic gait and a shortened stance phase. There was swelling of the mid-foot and slight atrophy of the right calf musculature. There was pain to palpation over the peroneal tendon and right mid-foot. There was mild to moderate loss of range of motion. Anterior drawer was negative and strength was normal. The diagnosis was right foot Lisfranc joint fracture/subluxation and residual degenerative joint disease. The treatment plan recommended continued home exercise program as instructed by her physical therapist. Ketoprofen was prescribed with Prilosec for gastric protection. She was to use Theraflex cream and BioTherm lotion. Updated imaging was recommended. The 9/5/14 right foot MRI impression documented interval partial healing of the second metatarsal fracture at the level of the Lisfranc joint with mild secondary osteophyte formation. There was interval healing of the fourth metatarsal base fracture with mild secondary osteophyte formation. There was incomplete bony bridging/incomplete healing of the re-demonstrated fracture along the medial base of the third metatarsal. There was decreased signal abnormality of the Lisfranc ligament which may represent mild degenerative without high grade tear or significant widening of the Lisfranc distance. The 10/31/14 treating physician report indicated symptoms were basically the same. Medications help only temporarily. She was using compression stockings and orthotics, but the inserts were not fitting correctly in her shoes.

Physical exam documented tenderness to palpation at the base of the 2nd through 4th metatarsal and at the fore foot. There was a mildly antalgic gait. The treatment plan recommended wide toe box shoes to properly accommodate orthotic inserts, a home exercise kit, Ketoprofen, omeprazole, and Tramadol. The 11/6/13 utilization review approved the requests for wide toe box shoes and Ketoprofen. The request for a home exercise kit was denied as the medical necessity of specialist equipment was not supported. The request for omeprazole was denied as the patient had unknown gastrointestinal risk factors and routine prophylaxis was not supported. The request for Tramadol was denied as there was no place for chronic opioid treatment in patients with osteoarthritis. Records indicate that the prescribed medications were being dispensed from the treating physician's office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The California MTUS supports the use of independent exercise for patients. Guidelines state that there is no sufficient evidence to support the recommendation of any particular exercise regime over any other exercise regime. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a pre-packaged generic ankle/foot exercise kit over an individualized home exercise program designed by the injured worker's physical therapist. Therefore, this request is not medically necessary.

Omeprazole 20mg Quantity 60 One Tab QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (non-steroidal anti-inflammatory drug). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria for intermediate gastrointestinal risk factors have not been met. There is no evidence of a positive history or gastrointestinal symptoms. Routine prophylaxis is not supported by guidelines. Therefore, this request is not medically necessary.

Tramadol 50mg Quantity 100 1-2 Tab Bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol Page(s): 76-80, 93-94, 113.

Decision rationale: The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. In general, continued and long-term use of opioids is contingent upon a satisfactory response to treatment that may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. There is no documentation as to the length of use of Tramadol. Records indicate that this medication was dispensed, so weaning was not required. Therefore, this request is not medically necessary.