

Case Number:	CM13-0060296		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2012
Decision Date:	04/18/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 is a 46-year-old gentleman injured in a work-related accident on 9/28/12. The most recent clinical record for review provided documentation that the claimant recently underwent a significant course of physical therapy throughout October 2013 for a working diagnosis of plantar fasciitis status post a 4/11/13 surgery. It was noted at that time that the claimant had attended 33 sessions of therapy in the post-operative setting. A recent progress report dated 11/27/13 documented continued complaints of pain in the foot with tenderness to palpation on examination but no other significant findings noted. Diagnosis was status post excision of left heel spur with continued inflammation. Treatment consisted of Anaprox and Protonix as well as twelve additional sessions of formal physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, continued physical therapy in this case cannot be supported. The claimant is nearly eleven months status post plantar fascial release surgery and has already undergone 33 documented sessions of physical therapy in the post-operative setting. There is no documentation in the postoperative setting that the claimant has a functional deficit to address with therapy. At this stage in the chronic course of care, the acute need of formal physical therapy in absence of functional deficit on examination would not be indicated. The request for 12 physical therapy sessions is not medically necessary and appropriate.

ANAPROX 550MG DISPENSED 10/30/13 QUANTITY 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72.

Decision rationale: Based on CA MTUS Chronic Pain 2009 Guidelines, regarding NSAIDs (non-steroidal anti-inflammatory drugs) "Recommended 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, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." Based on the medical records provided for review the claimant continues to have an inflammatory process following the surgical procedure during rehabilitation. Therefore, the continued role of this non-steroidal medication is indicated. The retrospective request for Anaprox 550 mg, DOS 10/30/13, quantity 60 is medically necessary and appropriate.

PROTONIX 20MG DISPENSED 10/30/13 QUANTITY 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

Decision rationale: Based on California MTUS Guidelines, regarding NSAIDs, GI symptoms & cardiovascular risk, "Recommend with precautions as indicated below: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) Final Determination Letter for IMR Case Number CM13-0060296 4 history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." While the claimant is taking a non-steroidal medication, there is no documentation in the records provided for review of a specific gastrointestinal risk factor for which this claimant would require protective proton pump inhibitor. The claimant does not meet the guideline criteria per California MTUS Chronic Pain

Guidelines to support a risk factor from a gastrointestinal point of view to require Protonix. The retrospective request for Protonix 20mg, DOS 10/30/13, quantity 60 is not medically necessary and appropriate.