MAXIMUS Federal Services

Case Number:	CM14-0004800		
Date Assigned:	01/24/2014	Date of Injury:	09/01/2008
Decision Date:	08/18/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Internal Medicine and 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 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:

The injured worker is a 60-year-old male with a reported date of injury of 09/01/2008. The mechanism of injury was noted as reportedly occurring due to a roll over log. His diagnoses were noted to include status post right knee arthroscopy, status post right total knee replacement, history of right ankle sprain/strain, history of gastritis from medications, history of neuropathic pain in the lower extremity, and history of reactive depression. His previous treatments were noted to include surgery, physical therapy, and medications. An unofficial electromyography/nerve conduction velocity study report dated 01/03/2011 revealed evidence for mild neuropathy affecting the right peroneal and tibial nerves in the foreleg, and no evidence for entrapment or neuropathy, lumbar radiculopathy/lumbosacral plexopathy. The progress note dated 12/16/2013 revealed the injured worker reported ongoing right knee and ankle pain as well as instability. The injured worker complained of a constant popping sensation to the knee and that he was unable to prolong standing, kneeling, or squatting on his knee. The injured worker revealed the pain in his knee was rated 8/10 and the right ankle was 9/10. The injured worker complained of a constant burning sensation to the right lower extremity from the knee into the ankle and it was causing him severe depression. The injured worker had been using Pristiq for depression and Lyrica for the burning pain and Norco for pain. The physical examination revealed full active range of motion to the right knee and the right ankle revealed exquisite tenderness with passive range of motion with inversion. The active range of motion appeared to be full with some laxity with stress testing and anterior and posterior drawer's signs of the ankle joint, which was painful. The injured worker exhibited difficulty trying to ambulate on his toes to heels with the right lower extremity. The deep tendon reflexes were noted to be 1+ at the ankles and knees. The provider indicated regarding his worsening depression, he added Zyprexa to his Pristiq to see if this would help. The provider indicated a request for an updated MRI of the right knee and right ankle to rule out internal derangement that was causing his persistent right lower extremity complaints, as well as updated

x-rays of the right ankle. The request for authorization form dated 12/18/2013 was for updated x-rays of the right ankle for persistent right lower extremity pain and Zyprexa 5 mg #30 for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYPREXA 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Illness, Olanzipine (Zyprexa).

Decision rationale: The request for Zyprexa 5 mg #30 is non-certified. The injured worker is taking pristiq for depression. The Official Disability Guidelines do not recommend recommend Zyprexa as a first line treatment. Zyprexa is used to treatment the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. Adding a typical psychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning were small to nonexistent, and there is abundant evidence of potential treatment related harm. In a new study of the antipsychotics most commonly prescribed off-label for use in injured workers over 40 were found to lack both safety and effectiveness. The guidelines do not recommend Zyprexa in addition antidepressants due to a small to nonexistent quality of life and improved functioning. Additionally, Zyprexa is prescribed for conditions such as schizophrenia and bipolar disorder to which the injured worker has not been diagnosed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

UPDATED X-RAYS OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for updated x-rays of the right ankle is not medically necessary. The injured worker complained of right ankle pain and had posterior drawer sign of the ankle joint. The California MTUS/ACOEM Guidelines recommend for injured workers who have suffered ankle injuries caused by a mechanism that could result in fracture and can have radiographs if the Ottawa criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa criteria are rules for foot and ankle radiographic series. Ankle radiographic series are indicated if the injured worker has experienced pain in the malleolar area, and any of the following findings apply, such as tenderness to the posterior edge of tip of the lateral malleolus, tenderness at the posterior edge or tip of the medial malleolus, or inability to bear weight both immediately and in the emergency department. The guidelines also state mid-foot area and any of the following findings apply: tenderness at the base of the 5th metatarsal, tenderness at the navicular bone, or an inability to bear weight both immediately and in the

emergency department. Radiographic evaluation may also be performed if there is a rapid onset of swelling and bruising, if the injured worker's age exceeds 55 years, the injury is high velocity, in the case of multiple injuries or obvious dislocation, subluxation, or if the injured worker cannot bear weight for more than 4 steps. For injured workers with continued limitations of activity up to 4 weeks of symptoms and unexplained physical findings, such as fusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist with reconditioning. Stress factors may have a benign appearance but point tenderness over the bone is indicative of the diagnosis and a radiograph or bone scan may be ordered. Imaging findings should be correlated with physical findings. The guidelines state radiographs are used to identify and define ankle and foot pathology in regards to metatarsal fractures and toe fractures. There is a lack of documentation regarding a possibility of a fracture and the provider indicated previous x-rays revealed post-traumatic arthritis in the ankle joint with loss of space at the calcaneal cuboids joint. Additionally, there is no documentation regarding failure of conservative treatment prior to ordering a radiographic image. Therefore, the request is not medically necessary.