

Case Number:	CM14-0005635		
Date Assigned:	02/05/2014	Date of Injury:	04/25/2010
Decision Date:	07/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine & Rehabilitation 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 36-year-old female who reported an injury on April 25, 2010. The mechanism of injury was not stated. Current diagnoses include status post right leg laceration with residual pain, paresthesia of the right lower extremity, right ankle tenosynovitis, mood disorder and sleep disorder. The injured worker was evaluated on November 19, 2013. The injured worker reported persistent right lower extremity pain. The injured worker also reported anxiousness and depression. Physical examination revealed a well healed laceration with mild keloid formation at the anterior aspect of the right leg, mild swelling at the dorsum of the foot, tenderness to palpation over the medial and lateral malleolus of the right ankle, diminished right ankle range of motion, positive anterior and posterior drawer testing, slightly diminished sensation over the L4-S1 dermatomes and decreased motor strength in the right lower extremity. Treatment recommendations included continuation of current medication, an x-ray of the right lower extremity, electromyogram (EMG)/nerve conduction velocity (NCV) studies of bilateral lower extremities and chiropractic treatment with shockwave therapy to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there is no indication that this injured worker cannot safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary.

DICOPANOL 5MG/ML ORAL SUSPENSION 150ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. There is no indication of chronic insomnia or a chronic condition where an antihistamine is medically necessary. There is also no indication that this injured worker cannot safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary.

FANATREX 25MG/ML ORAL SUSPENSION 420ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia. It is also considered a first line treatment of neuropathic pain. According to the documentation submitted, the injured worker has continuously utilized this medication without any evidence of objective functional improvement. There is also no indication that this injured worker is unable to safely swallow pills or capsules. As such, the request is not medically necessary.

ONE XRAY, RIGHT LOWER LEG AND 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 California MTUS/ACOEM Practice Guidelines state for most patients presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. According to the documentation submitted, the injured worker's physical examination revealed mild swelling, tenderness to palpation, limited range of motion and positive anterior and posterior drawer testing. The injured worker continues to report persistent pain with activity limitation. However, the injured worker recently underwent a right ankle MRI performed on August 29, 2013. Therefore, the medical necessity for an x-ray at this time has not been established. Therefore, the request is not medically necessary.

AN ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation submitted, the injured worker does report persistent lower back pain with radiation into the lower extremities. The injured worker's physical examination does reveal diminished sensation and decreased strength in the right lower extremity. However, there is no documentation of any further evaluation of the lumbar spine that has been performed to support additional findings of radiculopathy. There was no documentation of a thorough physical examination of the injured worker's lumbar spine to evaluate the possibility of radiculopathy prior to proceeding with diagnostic testing. Therefore, the request is not medically necessary.

A NERVE CONDUCTION STUDY (NCS) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation submitted, the injured worker does report persistent lower back pain with radiation into the lower extremities. The injured worker's physical examination does reveal diminished sensation and decreased strength in the right lower extremity. However, there is no documentation of any further evaluation of the lumbar spine that has been performed to support additional findings of radiculopathy. There was no documentation of a thorough physical examination of the injured worker's lumbar spine to evaluate the possibility of radiculopathy prior to proceeding with diagnostic testing. Therefore, the request is not medically necessary.

EIGHTEEN (18) SESSIONS OF CHIROPRACTIC MANIPULATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. Treatment for the ankle and foot is not recommended. There is no specific body part listed in the current request. Additionally, 18 sessions of chiropractic manipulation exceeds guideline recommendations. As such, the request is not medically necessary.

3 SESSIONS OF SHOCKWAVE THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: There is limited evidence to support extracorporeal shock wave therapy (ESWT) for the ankle. There is no specific body part listed in the current request. Therefore, the medical necessity cannot be established. As such, the request is not medically necessary.

COMPOUNDED KETOPROFEN 20% CREAM 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.

COMPOUNDED CYCLOPHENE 5% 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. As such, the request is not medically necessary.

COMPOUNDED SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 nonopioid analgesics. Baseline pain and functional assessments should be made. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no indication that this injured worker cannot safely swallow pills or capsules. Therefore, the request is not medically necessary.

TABRADOL 1MG/ML ORAL SUSPENSION 250ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy

appears to diminish over time and prolonged use may lead to dependence. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no evidence of palpable muscle spasm or spasticity upon physical examination. There is no indication that this injured worker cannot safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary.

ONE URINE DRUG SCREEN.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), page(s) 10, 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no evidence of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request is not medically necessary.