MAXIMUS Federal Services

Case Number:	CM14-0007575		
Date Assigned:	01/24/2014	Date of Injury:	07/10/2013
Decision Date:	06/19/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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 patient is a 29-year-old male who has submitted a claim for internal derangement of the right knee, ankle, and foot; rule out stress, depression, and anxiety associated with an industrial injury date of July 10, 2013. The medical records from 2013 were reviewed showing that patient complained of severe pain, stiffness, and cold sensation of the right foot radiating to the toes. Pain was graded 8/10 in severity, and aggravated by weight-bearing over 10 minutes. The patient likewise complained of right knee pain, graded 9/10 in severity, associated with stiffness. The patient states that the pain was aggravated by stair climbing and walking. This resulted in difficulty in bathing, dressing, driving, and doing household chores. A postural exam revealed that the right shoulder was higher than the left; head and neck tilted to the left; thoracic shift towards the left; more weight on the left leg upon standing; and hips and toes higher on the right. Gait was antalgic on the right. The patient reflexes and strength is normal. The sensation was diminished on the medial and lateral aspects of the right thigh and dorsomedial aspect of the right foot. Physical examination of the right knee revealed crepitation, tenderness, patellar grinding 1+; and restricted range of motion. The right ankle and right foot showed tenderness with a limited motion. Treatment to date has included use of a knee brace, use of a cane, acupuncture, physical therapy, and medications such as tramadol, omeprazole, and Naprosyn cream. The utilization review from January 6, 2014 denied the requests for Prilosec 20 mg, #13 because it is not recommended for prophylactic use; and Naproxen cream 240 g, #1 due to its limited efficacy. The request for Norco 5/325 mg, #60 with one refill was modified into Norco 5/325 mg, #60 with no refill for trial use only. The request for naproxen 550 mg, #60 with one refill was modified into naproxen 550 mg, number 60 with no refill for trial use only. The requests for 6 physical therapy sessions for the right knee, right ankle, and right foot; and MRI

were likewise denied. Reasons for denial were not made available. The utilization review, dated January 21, 2014, approved the request for 1 prescription for Naproxen 550mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY SESSIONS FOR THE RIGHT KNEE: Overturned

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient completed 12 sessions of physical therapy for the right knee. He reported pain relief, with noted improved range of motion. He was able to continue working; prolonged standing or walking were tolerated up to 30 minutes; lifting, pushing, pulling, improved up to 20 pounds. However, patient still presents with tenderness, weakness, and restricted range of motion of the right knee. The medical necessity for continuing physical therapy has been established. Therefore, the request for 6 physical therapy sessions for the right knee is medically necessary.

6 PHYSICAL THERAPY SESSIONS FOR THE RIGHT ANKLE: Overturned

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient completed 12 sessions of physical therapy for the right ankle. He reported pain relief from 8 to 9/10 to 6 to 7/10 upon completion of total visits. He was able to continue working; prolonged standing or walking were tolerated up to 30 minutes; lifting, pushing, pulling, improved up to 20 pounds. However, patient still presents with tenderness, weakness, and restricted range of motion of the right ankle. The medical necessity for continuing physical therapy has been established. Therefore, the request for 6 physical therapy sessions for the right ankle is medically necessary.

6 PHYSICAL THERAPY SESSIONS FOR THE RIGHT FOOT: Overturned

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient completed 12 sessions of physical therapy for the right foot. He reported pain relief from 8 to 9/10 to 6 to 7/10 upon completion of total visits. He was able to continue working; prolonged standing or walking were tolerated up to 30 minutes; lifting, pushing, pulling, improved up to 20 pounds. However, patient still presents with tenderness, weakness, and restricted range of motion of the right foot. The medical necessity for continuing physical therapy has been established. Therefore, the request for 6 physical therapy sessions for the right foot is medically necessary.

NORCO 5/325MG #60 WITH 1 REFILL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: As stated on pages 76-79 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In this case, the pain persisted despite initial prescription of tramadol and ibuprofen. This prompted shifting of medication into Norco. Patient was likewise advised regarding its side effects. The medical necessity has been established. Therefore, the request for NORCO 5/325MG #60 WITH 1 REFILL is medically necessary.

1 PRESCRIPTION FOR NAPROXEN 550MG #60 WITH 1 REFILL: Upheld

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

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the pain persisted despite initial prescription of tramadol and ibuprofen. This prompted shifting of medication into Norco and naproxen. NSAID was prescribed for breakthrough pain. The medical necessity has been established. However, a more recent utilization review, dated January 21, 2014 already certified this particular request.

Therefore, the request for 1 prescription for Naproxen 550MG #60 with 1 refill is not medically necessary on the basis that it may lead to duplicate dispensation of naproxen.

1 PRESCRIPTION FOR NAPROXEN CREAM 240MG #1 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: As stated on page 112 of CA MTUS Chronic Pain Medical Treatment Guidelines, diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, patient has been complaining of right knee, right ankle, and right foot pain despite intake of ibuprofen and Tramadol. However, the most recent progress reports replaced the medications with Norco and Naprosyn. It is imperative to determine patient's response to the new set of treatment regimen prior to adding another analgesic. Furthermore, there is no evidence that the patient has intolerance to oral medications, necessitating a topical formulation drug. The medical necessity has not been established. Therefore, the request for 1 prescription for Naproxen Cream 240MG #1 with 1 refill is not medically necessary.

1 PRESCRIPTION FOR PRILOSEC 20MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Individuals with intermediate risk factors should be prescribed with a proton pump inhibitor. In this case, patient is on Norco and naproxen. The medical records did not mention that patient had history of stomach ulcer or any subjective report that he is experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity for this medication. He does not meet any of the aforementioned risk factors. Therefore, the request for 1 prescription for Prilosec 20MG #30 with 1 refill is not medically necessary.

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1.

Decision rationale: According to the CA MTUS ACOEM Practice Guidelines Knee Chapter recommends MRI for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, and clear signs of a bucket handle tear. In absence of red flags, diagnostic testing is not generally helpful. In this case, the patient has been complaining of right knee, ankle, and foot pain. The plan is to request for MRI scans of the right knee and ankle if the patient will not improve with physical therapy. However, the progress reports cited pain relief and functional improvement associated with therapy. The medical necessity has not been established at this time. Furthermore, the present request failed to specify the body part to be examined. Therefore, the request for MRI is not medically necessary.