

Case Number:	CM14-0013057		
Date Assigned:	02/24/2014	Date of Injury:	05/01/2002
Decision Date:	08/06/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/31/2014

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 57-year-old female who has submitted a claim for status post bilateral knee replacements with ongoing knee pain, development of tibial incompetency in bilateral lower extremities, and bilateral plantar fasciitis and stiffness over right elbow, wrist, and hand associated with an industrial injury date of 05/01/2002. The medical records from 05/31/2013 to 01/24/2014 were reviewed and showed that patient complained of left knee pain graded 8/10 associated with a cramping sensation in the left thigh, buttock and gluteal region. There was also complaint of right knee pain graded 7/10. The patient also noted pain in both feet graded 8/10 with difficulty to bear weight. The physical examination of the left knee revealed a well-healed incision scar and mild swelling. There was limited range of motion (ROM). Stability tests revealed some laxity in all planes. The physical examination of the right knee revealed limited knee extension ROM. Stability tests revealed laxity in all planes. The physical examination of bilateral foot revealed tenderness over the plantar fasciae. The manual muscle test (MMT) of the lower extremities was intact. Deep Tendon Reflexes (DTR) was 1+ for the knees and ankles. Treatment to date has included total knee replacement, left knee (02/28/2005), total knee replacement, right knee (09/26/2005), physical therapy, cortisone injections, Mobic, omeprazole, Zanaflex, Flector patches, Zipsor and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZIPSOR 25 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines:Zipsor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to 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 they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed Zipsor 25 mg since 01/09/2014. There has been no documentation of pain relief or functional improvement with Zipsor. It is unclear as to why long-term NSAID use is requested despite potential adverse effects. Therefore, the request for Zipsor 25mg #60 is not medically necessary.

SKELAXIN 800 MG #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low Back Pain (LBP). There is no additional benefit shown in combination with Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been prescribed Skelaxin 800mg #45 since 01/09/2014. However, it is being prescribed with NSAID, which is not guideline recommended. Therefore, the request for prescription of Skelaxin 800mg #45 is not medically necessary.

1 RIGHT SHOE CUSHION INSERT WITH 1 INCH BUILT UP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 333-796.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-376.

Decision rationale: The California MTUS and ACOEM Guidelines state that rigid orthotics may reduce pain experiences during walking and may reduce global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Regarding the use of shoe lifts for individuals, guidelines do not recommend use in patients with less than a 2cm leg discrepancy. In this case, the patient has a leg discrepancy of 0.635cm, which is less than guidelines recommendation. Therefore, the request for One (1) right shoe cushion insert with 1 inch built up is not medically necessary.

