MAXIMUS Federal Services

Case Number:	CM14-0018402		
Date Assigned:	04/18/2014	Date of Injury:	07/21/2012
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 an employee of [redacted] and has submitted a claim for left knee internal derangement, and left plantar fasciitis associated with an industrial injury date of July 21, 2012. Treatment to date has included left knee meniscus surgery in 2007, chiropractic care, orthotics, cortisone injection into the plantar fascia, and medications such as omeprazole, hydrocodone, and ketoprofen. Medical records from 2013 to 2014 were reviewed showing the patient complained of severe low back pain radiating to the left lower extremity associated with numbness, tingling, and burning sensation. Physical examination showed that the plantar aspect of the left foot was tender. Pes planus deformity was noted bilaterally. Range of motion of left ankle was restricted towards dorsiflexion, plantar flexion, and inversion. Motor strength of left tibialis anterior, left tibialis posterior, left peroneus longus, left peroneus brevis, left gastrocnemius, and left soleus was graded 4/5. McMurray's test was positive on the left. Sensation was diminished at left lower extremity. Gait was antalgic, using a one-point cane for stability.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG, #30: Upheld

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

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

Decision rationale: As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both gastrointestinal (GI) and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients at intermediate risk for gastrointestinal events should be given non-selective NSAID with proton pump inhibitor. In this case, the patient has been prescribed with ketoprofen and opioids. However, medical records submitted and reviewed do not include subjective complaints and objective findings pertaining to the gastrointestinal system that warrant the use of PPI. Patient likewise does not possess any of the risk factors above. Therefore, the request for omeprazole DR 20mg, #30 is not medically necessary.

HYDROCODONE (VICODIN APAP) 5/500 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 76-77.

Decision rationale: As stated on pages 76-77 of 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 analgeiscs. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. In this case, patient was prescribed with ketoprofen since 2013, however, the pain at lower back area has been persistent. Opioid presription may be necessary, however, medical records submitted and reviewed do not provide evidence of a set of goals that should be met with opioid use. There is likewise no comprehensive functional assessment specifically his limitations in activities of daily living. The guideline crieria have not been met. Therefore, the request for Hydrocodone (Vicodin APAP) 5/500mg, #60 is not medically necessary

MEDROX PAIN RELIEF OINTMENT: Upheld

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

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

Decision rationale: Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. CA MTUS ACOEM, CA MTUS Chronic Pain and ODG do not address the use of menthol. Topical salicylate (e.g., Ben-Gay, methyl

salicylate) is significantly better than placebo in chronic pain. In this case, the employee has chronic pain and meets the guideline criteria for topical salicylate. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. As stated in page 111 of Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request Medrox pain relief ointment is not medically necessary.

ACUPUNCTURE: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. In this case, patient has intractable low back pain despite oral analgesics. A report dated 12/12/2013 stated that acupuncture and /or possible physical therapy of the lumbar area is needed since the cortisone injections did not produce pain relief. It is unclear if the patient has started physical rehabilitation due to lack of documentation. Furthermore, the present request does not specify the frequency, duration, as well as the body part to be treated. Therefore, the request for acupuncture is not medically necessary

MRI OF THE LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Hip.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Hip And Pelvis Section, Magnetic Resonance Imaging (MRI).

Decision rationale: CA MTUS does not specifically address this issue. Per the strength of evidence hierarchy established by the California Department of Industrial Relations, Division of WorkersCcompensation, the Official Disability Guidelines, (ODG), hip and pelvis section was used instead. It states that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. In this case, the patient has been

complaining of low back pain radiating to the left lower extremity. Medical records submitted and reviewed do not include comprehensive physical examination of the left hip that warrants diagnostic imaging. There is no evidence that a plain film was previously performed as recommended by the guidelines stated above. There is no discussion why an MRI should be executed as an initial diagnostic procedure instead of x-ray. Therefore, the request for MRI of the left hip is not medically necessary.