MAXIMUS Federal Services

Case Number:	CM14-0115135		
Date Assigned:	09/23/2014	Date of Injury:	09/06/2013
Decision Date:	11/04/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 Pain Medicine, and is licensed to practice in Minnesota. 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 55-year-old female who reported an injury on 09/06/2013. The mechanism of injury involved a fall. The current diagnoses include lumbar radiculopathy, sprain and strain of the ankle, current tear of the cartilage of the meniscus in the knee, and fracture of the tarsal and metatarsal bones. The injured worker was evaluated on 04/10/2014 with complaints of persistent pain in the lower back, right knee and left foot. Previous conservative treatment includes immobilization, medication, and physical therapy. Physical examination on that date revealed spasm in the paraspinal muscles, tenderness to palpation, reduced sensation in the bilateral feet, reduced lumbar range of motion, normal motor strength in the bilateral lower extremities, 2+ deep tendon reflexes, positive straight leg raising bilaterally, tenderness to palpation over the medial joint line, and positive lateral instability of the left ankle. Treatment recommendations included an MRI of the right knee, a right knee brace, continuation of physical therapy, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Point Cane: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter: Walking aids, Contralateral cane

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines recommend walking aids such as canes as indicated. However, there was no documentation of a significant functional limitation. There was no evidence of instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically appropriate.

Medrox Pain Relief Ointment, 2 refills (Prescribed 07-07-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 was no physician progress report submitted on the requesting date of 07/07/2014. There is no mention of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.

Omeprazole DR 20mg daily #30, Refills: 2 (Prescribed 07-07-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation AstraZeneca Pharmaceuticals (June 2004): Prilosec (omeprazole)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, even in addition to a nonselective NSAID. 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. As such, the request is not medically appropriate.

Orphenadrine ER 100mg twice daily, #60 (Prescribed 07-07-14): 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 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. There was no physician progress report submitted on the requesting date of 07/07/2014. Therefore, the medical necessity has not been established. The California MTUS Guidelines do not recommend long term use of NSAIDs. As such, the request is not medically appropriate.

Tramadol HCI 50mg twice daily #60, Refills 2 (Prescribed 07-07-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no physician progress report submitted on the requesting date of 07/07/2014. Therefore, there is no evidence of objective functional improvement following the ongoing use of this medication. There was also no documentation of a written pain consent or agreement for chronic use of an opioid. Based on the clinical information received in the California MTUS Guidelines, the request is not medically appropriate at this time.