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| Case Number: | CM14-0127526 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 04/15/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 64 year old female who reported an injury to the right ankle. The utilization review dated 08/19/14 resulted in a denial for Tramadol as no evidence of objective functional benefits was identified in the submitted documentation. Flexeril was partially certified in order to complete the injured worker's discontinuation of muscle relaxants. Ambien was also partially certified to complete a weaning process. The clinical note dated 07/22/14 indicates the injured worker rating the right ankle pain as 4-5/10. The injured worker reported intermittent swelling at the ankle throughout each day. The injured worker also reported difficulty sleeping secondary to the ankle pain. Upon exam, the injured worker was able to demonstrate full range of motion at the ankles. Heel and toe angulation was identified as being painful at the right ankle. The clinical note dated 05/27/14 indicates the injured worker utilizing Flexeril as well as Ambien and Tramadol. The injured worker continued with complaints of right ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Flexeril 10 Mg #30: Upheld

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

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Ambien 5 Mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC and Mosby's Drug Consult.

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

Decision rationale: Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. With these factors in place, the continued use of Ambien is not supported.

Physical therapy 2x4 Right Ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Physical Medicine.

Decision rationale: The documentation indicates the injured worker having previously undergone a course of physical therapy. Additional physical therapy is indicated for injured workers who have demonstrated an objective functional improvement through the initial course of treatment. No objective data was submitted confirming the injured worker's positive response to the previously rendered therapy. Additionally, given the completion of a full course of conservative therapy, it would be reasonable for the injured worker to progress to a home exercise program at this time. The request for physical therapy 2 x a week x 4 weeks for the right ankle is not medically necessary.

Right Ankle Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Ankle & Foot Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Bracing (immobilization).

Decision rationale: The use of ankle braces is indicated for injured workers with a clearly unstable joint. No information was submitted regarding the injured worker's confirmation of instability at the right ankle. Additionally, no information was submitted regarding the frequency and duration of the intended use of the requested brace. Therefore, this request is not medically necessary.