

Case Number:	CM14-0163662		
Date Assigned:	10/08/2014	Date of Injury:	11/24/2012
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/05/2014

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 Family 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:

51 years old female claimant sustained a work injury on 11/24/12 involving the low back and left ankle. She was diagnosed with left ankle contusion and osteochondritis defect of the left ankle. A progress note on 8/7/14 indicated the claimant had aching back pain, and 6/10 ankle pain. Exam findings were notable for sensory deficits in the hip and groin (L1 dermatome) as well as the left lateral foot (S1 dermatome). There were motor deficits in the L3 and L4 myotome. The left ankle had tenderness and reduced range of motion. The physician requested 12 sessions of physical therapy, 3 sessions of shockwave therapy, Deuxis for inflammation, Soma for spasms, Celexa for anxiety and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits #12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. -Myalgia and myositis, unspecified; 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified; 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS) ; 24 visits over 16 weeksFor the diagnoses in this case, a limit of 10 visits is recommended as noted above. Therefore, the request for 12 visits of physical therapy is not medically necessary.

Shockwave therapy treatments #3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: According to the ACOEM guidelines, Extracorporeal shock wave therapy is not recommended. Limited evidence is available in treating plantar fasciitis. In sufficient evidence exists on effectiveness. Therefore, the request for Shockwave therapy treatments #3 is not medically necessary and appropriate.

Urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 83-91.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. In this case, the indication for urinalysis is not specified. There is no indication of renal disease or signs of abuse of medications. Based on the above references and clinical history the request of Urine analysis is not medically necessary and appropriate.

Duexis 800 mg #200: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Duexis contains an NSAID and an anti-histamine (H2 blocker- for gastrointestinal symptoms). According to the MTUS guidelines, a proton pump inhibitor is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation / anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The use of an H2 blocker is not supported by the guidelines. Furthermore, NSAIDs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for chronic pain. The continued use of NSAIDs in combination with an H2 blocker such as Duexis is not medically indicated. Therefore, the request of Duexis 800 mg #200 is not medically necessary and appropriate.

Soma 350 mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: According to the MTUS guidelines, Soma is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, there is no indication on the relief provided specifically by this agent. There is no indication of 1st line medication failure, where Soma would be required. Therefore, the Soma 350 mg #240 is not medically necessary and appropriate.

Celexa 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 16.

Decision rationale: Celexa is an SSRI (Selective Serotonin Reuptake Inhibitor). According to the MTUS guidelines, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. It is also indicated for PTSD. In this case the claimant has been on Celexa for anxiety. There was no indication of symptom response to medication. Based on the guidelines continued use of Celexa 20 mg #60 is not medically necessary and appropriate.