

Case Number:	CM14-0167309		
Date Assigned:	10/14/2014	Date of Injury:	08/28/2009
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 27-year-old female with a date of injury of 08/28/2009. The listed diagnoses per [REDACTED] are: 1. Ankle sprain/strain. 2. Traumatic arthritis. 3. Chronic ankle pain. 4. Hypoesthesia. According to progress report 09/15/2014, the patient presents with chronic pain and swelling in the ankle/foot. Examination revealed tenderness with palpation of the right lateral ankle. The patient presents with altered gait and reports pain with standing and walking. Treater states that there is a positive MRI which revealed lateral malleoli and dorsolateral process of talus, anterior talofibular, calcaneofibular, and deltoid ligament sprain. The MRI report was not provided for my review. Under treatment plan it notes, "Administered an injection of lidocaine and alcohol to help control the patient's pain." The treater also dispensed refill of medications. Utilization review denied the requests on 10/03/2014. Treatment reports from 07/07/2014 through 09/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Injection of Lidocaine and alcohol administered 9-15-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot Chapter; Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under its ankle/foot chapter, Injections (corticosteroid)

Decision rationale: This patient presents with chronic pain and swelling in the ankle and foot. This is a retrospective request for an injection of lidocaine and alcohol that was administered on 09/15/2014. The ODG guidelines under its ankle/foot chapter has the following regarding Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids. Under study for heel pain." In this case, corticosteroid injections about the ankle, foot or heel area are not supported. Recommendation is for denial.

Retrospective: Omeprazole 20mg, #60 dispensed 9-15-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with chronic pain and swelling in the ankle and foot. This is a retrospective request for omeprazole 20 mg #60 which was dispensed on 09/15/2014. Treater states the omeprazole is "to coat her stomach." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Recommendation is for denial.

Retrospective: Injection of Lidocaine and alcohol administered 7-22-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot Chapter; Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under its ankle/foot chapter has the following regarding Injections (corticosteroid)

Decision rationale: This patient presents with chronic pain and swelling in the ankle and foot. This is a retrospective request for an injection of lidocaine and alcohol which was administered on 07/22/2014. The ODG Guidelines under its ankle/foot chapter has the following regarding Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not

recommend intra-articular corticosteroids, under study for heel pain." In this case, corticosteroid injections about the ankle, foot or heel area are not supported. Recommendation is for denial.

Retrospective: H-wave applied 7-7-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for TENS Page(s): 114-121.

Decision rationale: This patient presents with chronic pain and swelling in the right ankle and foot. This is a retrospective request for an H-wave unit which was utilized on 07/07/2014. Per MTUS Guidelines, "H-wave is not recommended as an isolated intervention but a one-month home base trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initial recommended conservative care." Review of progress reports 07/07/2014 under treatment plan states, "H-wave was placed on foot to stimulate nerves." The medical file provided for review provides no further discussion regarding an H-wave unit. In this case, the treater does not provide documentation that the patient has trialed a TENS unit. MTUS considers H-wave only after failure of initially recommended conservative care, including physical therapy, medication, and TENS unit. Recommendation is for denial.

Retrospective: Injection of Lidocaine and alcohol administered 7-7-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot Chapter; Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle/foot chapter has the following regarding Injections (corticosteroid)

Decision rationale: This patient presents with chronic pain and swelling in the ankle and foot. This is a retrospective request for an injection of lidocaine and alcohol which was administered on 07/07/2014. The ODG Guidelines under its ankle/foot chapter has the following regarding Injections (corticosteroid), "Not recommended for tendonitis or Morton's Neuroma, and not recommend intra-articular corticosteroids, under study for heel pain." In this case, corticosteroid injections about the ankle, foot or heel area are not supported. Recommendation is for denial.

Retrospective: Omeprazole 20mg, #60 dispensed 7-7-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with chronic pain and swelling in the ankle and foot. This is a retrospective request for omeprazole 20 mg #60 which was dispensed on 07/07/2014. Treater states the omeprazole is "to coat her stomach." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Recommendation is for denial.

Retrospective: Hydrocodone 10/325mg, #60 dispensed 7-7-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter; Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with chronic pain and swelling of the ankle and foot. This is a retrospective request for hydrocodone 10/325 mg #60 which was dispensed on 07/07/2014. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. Review of the medical file indicates that the treating physician prescribed different medication at each visit. On 07/07/2014, he dispensed hydrocodone. On 07/22/2014, he dispensed ibuprofen. On 09/24/2014, he dispensed Norco. It appears the retrospective request for the hydrocodone that was dispensed on 07/07/2014 is an initial request. In this case, the treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. Recommendation is for denial.