

Case Number:	CM14-0026869		
Date Assigned:	03/05/2014	Date of Injury:	08/25/2010
Decision Date:	04/14/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 66-year-old male with a 8/25/10 date of injury, and status post amputation left lower extremity, unspecified date. At the time of request for authorization (1/14/14) for Water Leg Prosthesis, Referral To Podiatrist, Prilosec, and Gabapentin, there is documentation of subjective (difficulty ambulating due to the fact that current socket does not fit appropriately and deformity on his stump) and objective (left above knee amputation with minimal neuroma formation over the anterior dorsal aspect of the stump and posterior aspect of the stump with hypersensitivity to touch over the left stump a the skin to about 10 inches above the stump) findings, current diagnoses (status post amputation left lower extremity above the knee with residual pain, amputated left lower extremity with painful keloid scar, right plantar fasciitis, and gastritis due to polypharmacy), and treatment to date (medications (including ongoing treatment with Gabapentin and Prilosec since at least 3/11/13)). Regarding water leg prosthesis, there is no documentation that the patient will reach or maintain a defined functional state within a reasonable period of time. In addition, regarding referral to Podiatrist, there is no documentation that consultation is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Furthermore, regarding Prilosec and Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

WATER LEG PROSTHESIS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINE (ODG) KNEE & LEG SECTION

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the patient will reach or maintain a defined functional state within a reasonable period of time, the patient is motivated to ambulate, and the prosthesis is furnished incident to a physician's services or on a physician's order, as criteria necessary to support the medical necessity of a lower limb prosthesis. Within the medical information available for review, there is documentation of diagnoses of status post amputation left lower extremity above the knee with residual pain, amputated left lower extremity with painful keloid scar, and right plantar fasciitis. In addition, there is documentation that the patient is motivated to ambulate and the prosthesis is furnished incident to a physician's services or on a physician's order. However, there is no documentation that the patient will reach or maintain a defined functional state within a reasonable period of time. Therefore, based on guidelines and a review of the evidence, the request for Water Leg Prosthesis is not medically necessary.

REFERRAL TO PODIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, CHAPTER 7, PAGE 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of status post amputation left lower extremity above the knee with residual pain, amputated left lower extremity with painful keloid scar, and right plantar fasciitis. However, there is no documentation of a rationale indicating the medical necessity of the requested referral to podiatrist and that consultation is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Referral to Podiatrist is not medically necessary.

PRILOSEC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68-69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS- Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, given documentation of a 66 year old patient with a diagnosis of gastritis due to polypharmacy, there is documentation of risk for gastrointestinal event. In addition, there is documentation of treatment with Prilosec since at least 3/11/13. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications. Therefore, based on guidelines and a review of the evidence, the request for Prilosec is not medically necessary.

GABAPENTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Section Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS- Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post amputation left lower extremity above the knee with residual pain, amputated left lower extremity with painful keloid scar, and right plantar fasciitis. In addition, there is documentation of ongoing treatment with Gabapentin. However, there is no documentation of neuropathic pain. In addition there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin is not medically necessary.