

Case Number:	CM14-0034456		
Date Assigned:	06/20/2014	Date of Injury:	11/02/2009
Decision Date:	08/06/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/19/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic left lower extremity pain reportedly associated with an industrial injury of November 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; decompression of the left peroneal nerve, transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated February 21, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy as 6 sessions of physical therapy. The claims administrator stated that the MTUS did not address the topic. The claims administrator denied Ultram on the grounds that this was not reportedly a first-line medication. Soma and Flector patches were also denied. The applicant's attorney subsequently appealed. A February 11, 2014 progress note is notable for comments the applicant underwent a left peroneal nerve decompression surgery on December 11, 2013. The applicant had reportedly demonstrated substantial improvement following the surgery. The applicant was given prescriptions for Ultram, Norco, Flector, and Soma. 12 sessions of physical therapy were sought. The applicant's work status was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 12 visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do not specifically address the topic of postsurgical physical medicine treatment following a peroneal nerve decompression surgery, as transpired here, MTUS 9792.24.3 does recommend a general course of 12 sessions of treatment following another kind of peripheral nerve entrapment surgery, namely a cubital tunnel release surgery. MTUS 9792.24.3.a.2 states that additional course of therapy represents one-half of the general course of the treatment for the specific surgery. In this case, then, one-half of 20 would represent 10 visits. Thus, the 12-session course of initial postoperative therapy sought here does, in essence, conform to the MTUS parameters and principles. Accordingly, the request for physical therapy is medically necessary.

Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 94.

Decision rationale: As noted on page 94 of the MTUS Pain Medical Treatment Guidelines, tramadol is indicated for moderate-to-severe pain. In this case, the applicant could be reasonably expected to have some postoperative pain control issues which would require progression of a synthetic opioid, Ultram (tramadol). Therefore, the request for Ultram 50 mg is medically necessary.

Flector Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac (Voltaren) Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Flector (diclofenac) is indicated in the treatment of small joint arthritis, which lends itself toward topical application, such as, for instance knees, ankles, feet, hands, fingers, etc. In this case, however, the applicant carries a primary diagnosis of lower extremity peroneal neuropathy. There is no evidence of issues with small joint arthritis which would lend itself to a topical application present here. No rationale for selection of this particular agent was provided. Therefore, the request for Flector Patches is not medically necessary.

Soma 350mg: Upheld

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

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

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agent. In this case, the applicant is concurrently using an opioid drug, tramadol. Concurrent provision of Soma is not recommended. Therefore, the request for Soma is not medically necessary.