

Case Number:	CM14-0036832		
Date Assigned:	06/25/2014	Date of Injury:	09/09/2011
Decision Date:	07/25/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 45-year-old female who reported an injury to her low back and right ankle on 09/09/2011. The mechanism of injury was not specified. The clinical note dated 03/05/14 indicates the injured worker complaining of right foot and ankle pain with associated weakness. The injured worker also described sensation, as the four toes remain asleep since the previous Cortisone injection. The injured worker also reported low back pain with inflammation. The note indicates the injured worker having diminished sensation at the right four toes as well as tenderness at the sacroiliac region. The clinical note dated 09/11/13 indicates the injured worker being recommended for aquatic therapy as well as an evaluation by a podiatrist. The clinical note dated 02/06/14 indicates the injured worker utilizing a corticosteroid cream to a rash on the right lateral ankle. The injured worker was being recommended for extra depth shoes for support. The clinical note dated 03/05/14 indicates the injured worker utilizing a compounded medication that includes Flurbiprofen, Baclofen, cyclobenzaprine, gabapentin, and Ketamine. The clinical note dated 03/10/14 indicates the injured worker having been provided with an orthotic. The injured worker was recommended for the use of Butrans patches. The utilization review dated 03/19/14 resulted in a denial for the use of transdermals as no information had been submitted regarding the specific medication. Additionally, eight chiropractic visits were also non-certified, as no information had been submitted regarding the injured worker's response to the previously rendered treatment to include chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

follow up use of transdermals: 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 Butrans Page(s): 26-27.

Decision rationale: As noted on page 26 of the Chronic Pain Medical Treatment Guidelines, Butrans is recommended for treatment of opiate addiction and as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Suggested patient populations include those with a hyperalgesic component to pain; centrally mediated pain; neuropathic pain; high-risk of non-adherence with standard opioid maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opioids. There is no indication in the documentation that first-line treatment options were attempted prior to Butrans. Additionally, there is no evidence of opiate addiction or prior detoxification requiring specialized medication regimens. Therefore, this request is not indicated.

Chiropractic care 8 visits right ankle, lumbar sacral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The request for 8 sessions of chiropractic therapy for the right ankle and lumbar region is not recommended. The documentation indicates the injured worker having previously undergone conservative treatments. However, no description of the previous treatments was identified in the clinical notes. Additional chiropractic therapy would be indicated provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. Given that no information was submitted regarding a description of the previous conservative treatments, this request is not indicated as medically necessary.