

Case Number:	CM14-0046868		
Date Assigned:	07/02/2014	Date of Injury:	09/22/1984
Decision Date:	08/01/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/22/84. A utilization review determination dated 3/26/14 recommends not medically necessary of Jobe stockings and high top rocker shoes. Vicodin ES was modified from #270 to 200. It references a 3/14/14 medical report identifying stomach, left ankle, left knee, left hip, and low back pain. 3/21/14 medical report identifies left lateral hip pain, increasing over the last few months. It is difficult for him to walk, ascend, and descend stairs. Severe pain when he tries to lie on the left side at night. On exam, there is tenderness at the left greater trochanter and down the IT band on the left side. He is ambulating with a slight antalgic gait and slight limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Jobe stockings (Pairs) Quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Venous Thrombosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Compression garments.

Decision rationale: Regarding the request for Jobe stockings, it appears that the request may be for Jobst stockings, which are a type of compression stockings. California MTUS does not address the issue, but Official Disability Guidelines notes that compression garments are recommended for conditions such as the management of telangiectases after sclerotherapy, varicose veins in pregnancy, the prevention of edema and deep vein thrombosis (DVT), leg ulcers, preventing progression of post-thrombotic syndrome, and lymphedema. Within the documentation available for review, there is no documentation of a condition for which compression stockings are supported and/or a rationale for their use in this patient. In light of the above issues, the currently requested Jobe stockings are not medically necessary.

High top rocker shoes (Pairs) Quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Foot and ankle orthotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/23928715>.

Decision rationale: Regarding the request for high top rocker shoes, California MTUS and Official Disability Guidelines do not address the issue. A search of the National Library of Medicine revealed that rocker sole shoes seem to be no more beneficial than flat sole shoes in affecting disability and pain outcomes in people with conditions such as chronic low back pain. Within the documentation available for review, there is no documentation of a rationale for the use of these shoes despite the recommendations of evidence-based/peer-reviewed literature. In the absence of such documentation, the currently requested high top rocker shoes are not medically necessary.

Vicodin ES 7.5/ 750 mg Quantity: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Vicodin ES, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be abruptly discontinued, but

unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicodin ES is not medically necessary.