

Case Number:	CM14-0055339		
Date Assigned:	08/08/2014	Date of Injury:	02/23/1998
Decision Date:	09/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Medicine and is licensed to practice in Texas. 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 56 year old female who reported injury on 2/23/98 to her right foot. The mechanism of injury is undisclosed. Clinical note dated 06/19/14 indicated the injured worker complaining of shooting pain at the right foot when at rest and that she also utilized Norco. Physical examination demonstrated 10 degrees of dorsiflexion, on a clinical note dated 05/01/14 indicated right foot pain continued. Physical examination demonstrated a shortened stance phase favoring the right lower extremity, 3+ to 4 out of 5 strength with both dorsiflexion and plantar flexion, and 2 centimeters of atrophy at the right calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Hinged Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The injured worker complained of pain at several sites. Knee brace is indicated for injured workers who have demonstrated significant instability, ligament

insufficiency, meniscal or ligament repairs, or findings consistent with avascular necrosis, tibial osteotomy, or previously failed knee arthroplasty. No information was submitted regarding significant findings indicating likely benefit of hinged knee brace. Given this, the request is not indicated as medically necessary.

Biofreeze Gel 120 gram Two Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Biofreeze® cryotherapy gel.

Decision rationale: The use of Biofreeze is indicated for low back complaints. However, no high quality studies have been published in peer reviewed literature confirming the safety and efficacy of the use of Biofreeze on the knee without substantive proof of the effectiveness, this request is not medically necessary.

Soma 350 mg 1 tab qhs #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: Soma is not recommended for long term use. This medication is Food and Drug Administration (FDA) approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long term care exceeding the recommended treatment time window. Therefore, this request is not medically necessary.

Prilosec 20 mg 1 tab qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: Proton pump inhibitors are indicated for injured workers at intermediate and high risk for gastrointestinal events with concurrent use of non steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; a history of

peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long term proton pump inhibitor (PPI) use has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

Norco 10/325mg 1 tab b.i.d.#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): page 77.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. No recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Ambien 10 mg 1 tab hs prn #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambien).

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

Decision rationale: Ambien is approved for the short term (two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long term use. Ambien can be habit forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. The injured worker has been utilizing this medication on a long term basis, exceeding the recommended six week window of use. As such, the request for Ambien 10 milligrams cannot be recommended as medically necessary.

Aquatic Therapy for the lumbar spine x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Aquatic therapy Page(s): 22..

Decision rationale: The request for aquatic therapy for the lumbar spine for twelve sessions is not medically recommended. The injured worker complained of right foot pain. Aquatic therapy is indicated for injured workers who are unable to complete a land based therapeutic course. No information was submitted regarding inability to complete land based therapeutic interventions. Given this, the request is not indicated as medically necessary.