

Case Number:	CM14-0068989		
Date Assigned:	08/08/2014	Date of Injury:	07/08/2011
Decision Date:	09/17/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/14/2014

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 Sports Medicine and is licensed to practice in Georgia. 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 patient is a 47 year old female who injured both of her feet on 07/08/2011 while she was working, with a cause of injury cited as cumulative trauma related to her job. Prior medication history included Vicodin, Tramadol, Naproxen, and Omeprazole. She has had conservative treatment with aqua therapy and bilateral orthosis. Other interventions include heel injections. A progress report from 02/07/2014 noted the patient is currently using Naproxen, Hydrocodone, and Omeprazole. A comprehensive orthopedic evaluation from 03/27/2014 noted that the patient is taking Novolog, Metformin, Naproxen, Hydrocodone-Acetaminophen, Lisinopril-HCTZ, and Omeprazole. The following is noted in the progress report: "For baseline pain management and for inflammation, Naproxen 550 mg 1 twice a day or when necessary #60; to protect the gastric mucosa and due to the history of GERD symptoms, Omeprazole 20 mg 1 daily #30; and for her primary pain management and breakthrough pain, Tramadol 50mg 2 twice a day or when necessary #180." Additionally, a request was made for baseline labs and urine point of care (POC) to "make sure that the patient can safely metabolize and excrete the medications as prescribed." Comprehensive orthopedic evaluation and request for authorization dated 05/08/2014 notes the patient has a diagnosis of bilateral plantar fasciitis. She is noted to have an extremely antalgic, shuffling gait. Dorsiflexion is 5/15 degrees; plantar flexion 20/40 degrees; inversion 10/30 degrees; eversion 10/20 degrees. Listed diagnoses are intermetatarsal bursitis of the left second, third, and fourth; first, second, and third on the right foot. Metatarsal phalangeal arthritis is also noted bilaterally, along with already mentioned bilateral plantar fasciitis. Mention is made that the patient previously had "excellent benefits from a TENS unit in therapy in the past." Toxicology report dated 05/09/2014 tested appropriate positive for Tramadol, however also tested positive for hydrocodone and norhydrocodone (a metabolite of hydrocodone), which was listed as "not expected with prescribed medications." Progress report dated 06/17/2014

documented the patient to have complaints of pain in the right foot rated as 6/10 which was constant and achy. It noted she was discharged from Physical Therapy (PT), with a note indicating she could not tolerate walking on a treadmill. It noted she was unable to participate in (PT), and did not like her orthotics. It notes the urine drug screen was "within normal limits." The left foot pain was rated as a 5/10 that was also constant and achy. Objective findings on exam revealed no edema, erythema, or bony deformity of bilateral feet. She had full range of motion of her bilateral feet. Diagnoses listed included: left second, third and fourth and right first second and third intermetatarsal bursitis; bilateral metatarsal phalangeal osteoarthritis; and bilateral plantar fasciitis. Her prescribed medications at this visit, "the only thing the patient is doing", were Tramadol, Naproxen, and Omeprazole. Prior utilization review dated 04/11/2014 stated the request for CBC (complete blood count) was denied as medical necessity had not been established; CRP (C-Reactive Protein) was denied as there was a lack of documented evidence to support the request; Tramadol 50mg #540 was modified to certify #135 tablets to initiate weaning process; Naproxen Sodium 550mg #180 was denied as medical necessity had not been established; and TENS unit with electrodes (unspecified quantity) was denied as medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (complete blood count): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (Treatment: Labs) Page(s): 23,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS) notes that package inserts for NSAIDs recommend periodic lab monitoring of a CBC and a chemistry profile for patients who are on NSAIDs due to their risk for ulcers, hepatic, and renal impairment. The medical records provided document a lengthy history of chronic NSAID use. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

CRP (C-Reactive Protein): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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://labtestsonline.org/understanding/analytes/crp/tab/test/>.

Decision rationale: The above cited website notes that C-reactive protein (CRP) is a non-specific marker for inflammation. It is typically used when there is suspicion for tissue injury, infection, or an inflammatory condition. This test, along with signs, symptoms, and other test can help to evaluate an individual for an acute or chronic inflammatory condition. It can be useful in monitoring individuals with chronic inflammatory conditions such as inflammatory bowel disease or rheumatoid arthritis to determine if treatment is effective or to detect flare-ups. The Medical Utilization Treatment Schedule (MTUS) and Official Disability Guidelines (ODG) do

not address testing for CRP levels. However, based on the non-specific nature of CRP measurements and the lack of documented evidence that this patient has an inflammatory condition underlying her complaints, and given that none of the prescribed medications warrant monitoring CRP levels, the request for CRP is deemed not medically necessary.

Tramadol 50mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

Decision rationale: The above cited website notes that C-reactive protein (CRP) is a non-specific marker for inflammation. It is typically used when there is suspicion for tissue injury, infection, or an inflammatory condition. This test, along with signs, symptoms, and other test can help to evaluate an individual for an acute or chronic inflammatory condition. It can be useful in monitoring individuals with chronic inflammatory conditions such as inflammatory bowel disease or rheumatoid arthritis to determine if treatment is effective or to detect flare-ups. The Medical Utilization Treatment Schedule (MTUS) and Official Disability Guidelines (ODG) do not address testing for CRP levels. However, based on the non-specific nature of CRP measurements and the lack of documented evidence that this patient has an inflammatory condition underlying her complaints, and given that none of the prescribed medications warrant monitoring CRP levels, the request for CRP is deemed not medically necessary.

Naproxen Sodium 550mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs, Naproxen.

Decision rationale: The Official Disability Guidelines (ODG) recommends, "NSAIDs for the treatment of osteoarthritis (OA) at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen for the treatment of pain related to OA. The main concern related to which NSAID to select is based on adverse effects." The clinical documentation notes that the patient has osteoarthritis of the metatarsophalangeal joints. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

TENS unit with electrodes (unspecified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, TENS.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that "it is not recommended as a primary treatment modality; however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain." MTUS recommends a 1-month trial first. There is also some evidence to support use of TENS in cases of neuropathic pain, including diabetic neuropathy. TENS is indicated for chronic intractable pain, documented with at least 3-months duration, when evidence that other appropriate pain modalities have been tried and failed. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. It is recommended for treatment of neuropathic pain assuming a successful trial period is first documented. The medical documentation notes significant pain relief with prior TENS use in physical therapy. Based on the MTUS and ODG guidelines cited, the request is medically necessary.

