

Case Number:	CM14-0180461		
Date Assigned:	11/05/2014	Date of Injury:	11/18/2013
Decision Date:	01/02/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/30/2014

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 Orthopedic Surgery, and is licensed to practice in Ohio, Tennessee, and 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 61-year-old male who reported an injury on 11/18/2013. The mechanism of injury was not submitted for clinical review. Diagnoses included comminuted displaced intra-articular right distal radius fracture with malunion, and underlying osteopenia. Previous treatments included physical therapy, aquatic therapy, medication, and surgery 12/2013. Diagnostic testing included a CT, and MRI. On 09/11/2014, it was reported the injured worker complained of right wrist and knee pain. The injured worker complains of ongoing complaints of his knee. The provider noted the injured worker had a CT scan performed on 09/05/2014, which revealed significant malunion with about 20 to 30 degrees of dorsal flexion impaction, a displaced radial styloid fracture, and intra-articular depression. The provider noted the injured worker has been avoiding surgery for the wrist. The provider noted if left untreated, the injured worker will have very poor results. The provider recommended the injured worker undergo surgery. A request was submitted for DME for 2 weeks of game ready rental, Zolpidem Tartrate 5 mg, Zofran 8 mg, Colace 100 mg, and Norco 10/325 mg. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: DME, 2 week game ready rental: 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), Game Ready Accelerated Recovery System

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg, Game Ready accelerated recovery system.

Decision rationale: The request for associated surgical services DME 2 weeks of game ready rental is not medically necessary. The Official Disability Guidelines recommend game ready rentals as an option after surgery, but not for nonsurgical treatment. The game ready system combines continuous flow cryotherapy with the use of vasocompression. There is lack of significant documentation indicating the injured worker had undergone surgery. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

Associated surgical service: Zolpidem Tartrate 5mg #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), 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, Zolpidem

Decision rationale: The request for associated surgical services Zolpidem Tartrate 5 mg #30 is not medically necessary. The Official Disability Guidelines note Zolpidem is appropriate for the short term treatment 7 to 10 days of insomnia. There is lack of significant documentation indicating the injured worker had undergone the requested surgery. Additionally, the request submitted failed to provide the frequency of the medication. The clinical documentation submitted failed to indicate the injured worker is treated for insomnia. Therefore, the request is not medically necessary.

Associated surgical service: Zofran 8mg #10: 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), Antiemetics

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

Decision rationale: The request for associated surgical services Zofran 8 mg #10 is not medically necessary. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. There is lack of significant clinical

documentation indicating the injured worker has undergone the requested surgery. The request submitted failed to provide the frequency of medication. Therefore, the request is not medically necessary.

Associated surgical service: Colace 100mg #20: 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 Opioids, criteria for use Page(s): 77.

Decision rationale: The request for associated surgical services Colace 100 mg #20 is not medically necessary. The California MTUS Guidelines recommend prophylactic therapy for constipation while in the therapeutic phase of opioid therapy. There is lack of significant documentation indicating the injured worker had undergone the requested surgery. Additionally, there was no indication the injured worker did not respond well to opioid treatment. Additionally, request submitted failed to provide the frequency of medication. Therefore, the request is not medically necessary.

Associated surgical service: Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for associated surgical services Norco 10/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addition, or poor pain control. The clinical documentation submitted for review lacked significant documentation indicating the injured worker had undergone the requested surgery. Additionally, request submitted failed to provide the frequency of medication. Therefore, the request is not medically necessary.