MAXIMUS Federal Services

Case Number:	CM14-0192995		
Date Assigned:	12/10/2014	Date of Injury:	10/02/2012
Decision Date:	01/21/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 10/2/12. A Utilization Review determination dated 11/10/14 recommends non-certification of chromatography quantitative test, TPIs, Prilosec, IM consult, physical therapy, follow-up with psychologist, and referral to podiatrist for second opinion. Norco was modified and urine drug screen (UDS) was certified. The patient underwent trigger point injections in 8/14. Six (6) sessions of cognitive behavioral therapy was approved in 8/14. Psychiatric evaluation was also certified in 8/14. A medical report dated 10/15/14 identifies right foot and ankle pain. He saw an orthopedic ankle specialist who diagnosed pseudo arthritis with osteochondritis dissecans and recommended an ankle foot orthosis (AFO) until definitive treatment such as a fusion is performed. The patient would like a second opinion as there is very little progress happening. There is right knee pain. The patient is not tolerating Norco or Ultram, as he is starting to have progressive abdominal pain due to gastritis due to medications, stress, chronic pain, and poor eating habits. The patient has been having significant problems with sleep, waking up frequently because of pain and stress. His blood sugar has been elevated and he is having decreased cognitive function during the day and visual disturbances, which an optometrist told him was due to increased stress and high blood sugars. The patient has gained 16 pounds in the last 4 months. "The patient's urine sample was qualitatively positive for negative, which is consistent, given the patient's medical regimen." Current medications include Ultram ER, Anaprox (on hold), Prilosec, Norco (discontinued), Metformin, Halcion, and medicinal marijuana. On exam, there is tenderness along the right ankle medial and lateral joint lines, crepitus along the medial and lateral joint lines of the right knee, and tenderness along the right and left greater trochanteric region. The orthopedic surgeon recommended AFO and fusion, but the patient remains hesitant to undergo such an invasive procedure and is requesting a second opinion. He would like to have directed physical therapy and to be taught self-directed activities.

The patient is noted in the treatment plan to have trigger points with focal tenderness and a local twitch is response to stimulus, although this is not noted in the objective findings of the report. Trigger point injections (TPIs) were administered. The provider noted that the request for physical therapy to the bilateral knees and right ankle is the first physical therapy for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chromatography Quantitative Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Confirmatory testing

Decision rationale: Regarding the request for a Chromatography Quantitative Test, the California MTUS does not specifically address the issue. Official Disability Guidelines notes that there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. Within the documentation available for review, there is no documentation of inconsistent or unexpected results to justify the need for quantitative testing in addition to the qualitative testing that was performed. In light of the above issues, the currently requested Chromatography Quantitative Test is not medically necessary.

Retrospective: Trigger Point Injections x4 (DOS: 10/15/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, MTUS Chronic Pain Medical Treatment Guidelines support repeat trigger point injections provided there is at least 50% pain relief for six weeks after an injection and evidence of functional improvement. Within the documentation available for review, there is no documentation of at least 50% pain relief with objective functional improvement for 6 weeks as a result of previous trigger point injections. In the absence of such documentation, the requested trigger point injections are not medically necessary.

Retrospective: Prilosec 20mg, twice daily as needed, #60 (DOS: 10/15/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient is noted to have gastritis that the provider attributes to various causes. In light of the above issues, the retrospective request for Omeprazole (Prilosec) 20mg #60 is medically necessary.

Norco 2.5/325mg, #60-90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco, MTUS California Pain Medical Treatment Guidelines note that it is an opiate pain medication. 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 specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. 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 Norco is not medically necessary.

Internal Medicine Consultation for diabetes, weight gain and sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127

Decision rationale: Regarding the request for Internal Medicine Consultation for diabetes, weight gain and sleep, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the provider stated that the patient has elevated blood sugar,

but no levels are noted. Additionally, it appears that the patient is utilizing medication for diabetes and there is no rationale identifying why specialty consultation is needed rather than follow-up with the provider already managing this condition. Regarding weight gain, the provider also noted that the patient has poor dietary habits and there is no rationale identifying why specialty consultation is needed rather than basic instruction in nutrition, follow-up with primary care, etc. Regarding sleep, there is no description of the patient's insomnia other than noting that the patient wakes up frequently because of pain and stress, and there is no rationale presented for referral to internal management for the treatment of pain and stress. In light of the above issues, the currently requested Internal Medicine Consultation for diabetes, weight gain and sleep is not medically necessary.

Physical Therapy 12-sessions, to the knees, right ankle, LBP: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy, MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the provider notes that no prior physical therapy has been done, but there is documentation of any current symptoms/findings for the low back. Furthermore, the request exceeds the amount of physical therapy recommended by the California MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.

Follow-Up with Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office Visits

Decision rationale: Regarding the request for follow-up with psychologist, California MTUS does not specifically address the issue. Official Disability Guidelines cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." Within the documentation

available for review, it is noted that the patient recently underwent cognitive behavioral therapy and a psychiatry evaluation was also apparently performed, but there is no documentation of the patient's response to the cognitive behavioral therapy and the results of the evaluation to support the need for ongoing follow-up with a psychologist. In light of the above issues, the currently requested follow-up with psychologist is not medically necessary.

Referral to Podiatrist for Second Opinion: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127

Decision rationale: Regarding the request for referral to podiatrist for second opinion, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has been treating with an orthopedic foot and ankle specialist who has recommended surgery, but the patient wishes to avoid invasive treatment and is requesting a second opinion. The request appears appropriate in order to explore other potential treatment options. In light of the above, the currently requested referral to podiatrist for second opinion is medically necessary.