

Case Number:	CM15-0003849		
Date Assigned:	01/14/2015	Date of Injury:	01/05/2010
Decision Date:	03/11/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained a work/industrial rollover injury of the right ankle on 1/5/10. She has reported symptoms of persistent ankle pain. The diagnoses included right ankle chronic strain, degenerative joint disease (DJD) , and mild lateral instability. Per the primary treating physician consultation (PR-2) dated 7/30/14, the exam noted tenderness to palpation about the right ankle with crepitus with motion in all directions. There was mild amount of lateral instability, with a healed incision over the perineal tendons. There was no sign of complex regional pain syndrome (CRPS), and negative Tinel's over the tarsal tunnel and nontender over the plantar fascia. Treatment to date has included exercises, medications, and surgery. Diagnostics included x-rays that noted no fractures or dislocations with some calcaneal spurring on the plantar aspect of the calcaneus/heel bone. The Magnetic Resonance Imaging (MRI) of the right ankle from 7/16/14 noted flexor digitorum longus tenosynovitis, Achilles tendinosis, and ganglion cyst of anterior ankle. Per follow up consultation with the primary treating physician on 11/11/14, treatments requested included Podiatry consult, s/p MR I results, urine drug screen for toxicology testing, and continued use of Cyclobenzaprine 10 mg, and Ibuprofen 600 mg. On 12/24/14, Utilization Review non-certified a Podiatry consult, Urine drug screen, Cyclobenzaprine 10 mg, Ibuprofen 600 mg, citing the Medical treatment Utilization Schedule (MTUS) , American College of Occupational and Environmental Medicine (ACOEM) Guidelines. A podiatry consultation was completed on 10/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for UDT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-5. Decision based on Non-MTUS Citation Pain Chapter, Urine drug testing (UDT)

Decision rationale: Regarding the request for a urine drug screen (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation that the patient is currently utilizing drugs of potential abuse, the date and results of prior testing, and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine drug screen is not medically necessary.

Podiatry consultation: 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

Decision rationale: Regarding the request for consultation, 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 had a consultation with a podiatrist just prior to the current request and there is no clear rationale presented for another consultation with the same specialty. In light of the above issues, the currently requested consultation is not medically necessary.

Ibuprofen: 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 NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested ibuprofen is not medically necessary.

Cyclobenzaprine: 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 Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.