

Case Number:	CM15-0003937		
Date Assigned:	01/15/2015	Date of Injury:	06/14/2013
Decision Date:	04/10/2015	UR Denial Date:	12/11/2014
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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 59 year old female, who sustained an industrial injury on 6/14/13. She has reported right foot/ankle injury. The diagnoses have included osteoarthritis, tear of medial cartilage, unspecified site of ankle sprain, pain in joint involving lower leg, knee pain and other joint derangement. Treatment to date has included physical therapy, arthrotomy of right ankle and medications. X-rays performed revealed no increase in osteoarthritis. Currently, the injured worker complains of constant dull, throbbing of right knee and ankle with certain activities. The progress note dated 8/27/14 revealed no changes in progress to the right ankle since previous visit. On 12/11/14 Utilization Review non-certified physical therapy 2 visits per week for 6 weeks to right ankle, noting lack of documentation of functional improvement following previous physical therapy sessions; urine toxicology screen, noting Hydrocodone was not detected, it was prescribed; however there is no indication of an ensuing discussion concerning the results, noting the medications were not medically necessary. The MTUS, ACOEM Guidelines, and ODG were cited. On 1/6/15, the injured worker submitted an application for IMR for review of physical therapy 2 visits per week for 6 weeks, to right ankle, urine toxicology screen, Hydrocodone/APAP 2.5/325mg #30, Cyclobenzaprine 7.5mg # 60, diclofenac Sodium ER 100mg #60 and Pantoprazole Sodium ER 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 & 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 43, 77, 78.

Decision rationale: This injured worker has a history of chronic pain since 2013. The worker has had various treatment modalities and use of medications including opioids. Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured worker, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. The medical necessity of a urine drug screen is not substantiated in the records.

Retro Hydrocodone/APAP 2.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visits to document any significant improvement in pain, functional status or a discussion of side effects specifically related to hydrocodone/APAP to justify use per the guidelines. Additionally, the long-term

efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone/APAP is not substantiated in the records.

Retro Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visits to document any improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify use. The medical necessity of cyclobenzaprine is not substantiated in the records.

Retro Diclofenac Sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, in chronic pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of diclofenac is not substantiated in the records.

Retro Pantoprazole Sodium ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68-69.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. The medical course has included numerous treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Pantoprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of pantoprazole.