

<b>Case Number:</b>	CM15-0104866		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/25/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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

Certification(s)/Specialty: Anesthesiology

### 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 54 year old male, who sustained an industrial injury on 11/25/2012. According to a progress report dated 04/02/2015, the injured worker reported feeling pain on his right foot. When he walked over half a block, he felt increased pain. His left foot had swelling that increased after walking. His fourth toe would become severely swollen. He used Velocity brace bilaterally. Terocin patches helped to reduce pain temporarily. He felt pain and numbness on the calves and lower knees after walking for 15 minutes and more at nighttime. He was status post open reduction and internal fixation of the left medial malleolus with lateral scar. Diagnoses included internal derangement of ankle and subtalar joint and accommodation pain of right leg. Authorization was requested for arthroscopy of ankle and arthrotomy of sinus tarsi, post-operative equipment and postoperative medications that included Tramadol and Norco. Currently under review is the request for Tramadol 20mg #120, Norco 5/325mg #30, Cyro Cuff purchase, DVT pump purchase, shower chair and shower boot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

**Decision rationale:** According to MTUS and ODG, Norco 5/325mg (Hydrocodone / Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Cyro cuff purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Procedure Summary Online Version and Knee and Leg Procedure Summary Online Version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** According to the CA MTUS/ACOEM Guidelines, the home application of cold packs is just as effective as those performed by a therapist. Over-the-counter cold wraps can be used. There is no specific indication for the cryo cuff purchase. Medical necessity for the requested treatment has not been established. The requested purchase is not medically necessary.

**DVT pump purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Procedure Summary Online Version and Knee and Leg Procedure Summary Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous Thrombosis.

**Decision rationale:** The ODG recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following a minor injury, especially if the injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of a muscle or ligament. Risk for venous thrombosis is higher in those with a leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). Those at high risk should be considered for anticoagulation therapy during the post-hospitalization period. Aspirin may be the most effective choice to prevent pulmonary embolism (PE) and venous thromboembolism (VTE) in patients undergoing orthopedic surgery. Although mechanical methods reduce the risk of deep vein thrombosis [DVT], there is no evidence that they reduce the main threat, the risk of a PE, a fatal PE, or total mortality. In contrast, pharmacological methods significantly reduce all of these outcomes. They recommend stockings for prevention of VTE, except in stroke patients. The newer oral anticoagulants rivaroxaban and dabigatran are indicated as treatment options for specific indications, namely hip and knee replacement surgery. In this case, the patient has no medical history of a clotting disorder or history of DVT, which would support an increased risk for venous thrombosis post-operatively to support the use of a DVT pump. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Shower chair:** 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) Procedure Online Version, bathtub seats, durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

**Decision rationale:** According to the ODG, durable medical equipment (DME) is recommended if there is a medical need and if the device or system meets Medicare's definition. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In this case, the patient is approved for a left ankle arthroscopy/arthrotomy of the sinus tarsi. A shower chair is indicated if there is documentation that a patient cannot safely stand in a shower. There is no documentation that the patient cannot safely stand in the shower. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Shower boot:** 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) Procedure Online Version, durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment.

**Decision rationale:** According to the ODG, durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. In this case, the patient is approved for a left ankle arthroscopy/arthrotomy of the sinus tarsi. There is no indication that a specialized shower boot is medically necessary. Medical necessity for the requested item has not been established. The requested item is not medically necessary.