

Case Number:	CM15-0131476		
Date Assigned:	07/17/2015	Date of Injury:	08/06/2010
Decision Date:	09/15/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

This is a 38 year old male with an August 6, 2010 date of injury. A progress note dated June 1, 2015 documents subjective complaints (coverage for the right ankle; constant pain, motion loss, stiffness, and weather effects; swelling, buckling, limping, and difficulty running), objective findings (decreased range of motion of the right ankle; some discomfort along the hind foot with no effusion), and current diagnoses (contusion to the Achilles tendon; injury to the calcaneus posteriorly; forefoot fracture; ankle sprain; ligamentous injury; hyperextension injury to the second, third, and fourth toes). Treatments to date have included a hinged ankle brace, transcutaneous electrical nerve stimulator unit, unremarkable nerve studies, and medications. The treating physician documented a plan of care that included an arch support, a four lead transcutaneous electrical nerve stimulator unit, Aciphex, Ultracet, and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 arch support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 308.

Decision rationale: The Official Disability Guidelines recommend arch support as an option for foot drop. An arch support is also used during surgical or neurologic recovery. The specific purpose of an ankle support is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and if necessary, push off stimulation during the late stance phase. An arch support is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The medical record documentation does not support criteria set forth by the guidelines; therefore, 1 arch support is not medically necessary.

4 lead TENS unit with conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 112.

Decision rationale: 4 lead TENS unit with conductive garment is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program; therefore, the request is not medically necessary.

1 prescription of Aciphex 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: 1 prescription of Aciphex 20 mg #30 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long-term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long-term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Aciphex is therefore, not medically necessary.

1 prescription of Ultracet 37.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

Decision rationale: 1 prescription of Ultracet 37.5 mg # 60 is not medically necessary. Ultracet is combination Tramadol/Acetaminophen. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS.

Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.

1 prescription of Celebrex 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs/COX Inhibitors Page(s): 67.

Decision rationale: 1 prescription of Celebrex 200mg #30 is not medically necessary. Celebrex is a COX-2 inhibitor anti-inflammatory medication. Per MTUS guidelines page 67, Cox-2 inhibitors are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on this medication. Additionally, there is lack of documentation that the claimant cannot tolerate traditional NSAID medications due to gastrointestinal side effects. The medication is therefore not medically necessary.