

Case Number:	CM15-0135267		
Date Assigned:	07/23/2015	Date of Injury:	01/02/2013
Decision Date:	09/22/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of January 2, 2013. In a Utilization Review report dated July 2, 2015, the claims administrator approved a request for a walking boot while failing to approve a request for a knee brace, tizanidine, Motrin, and tramadol. The claims administrator referenced an RFA form received on June 22, 2015 in its determination. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant reported ongoing complaints of ankle pain, 5/10. The applicant was using Motrin, tizanidine, and tramadol for pain relief, it was reported. The applicant exhibited an antalgic gait with a visible limp, it was reported. The applicant was status post an ankle ORIF surgery, it was stated. The applicant was given refills of tizanidine, tramadol, and Motrin. The applicant was placed off work, on total temporary disability. No seeming discussion of medication efficacy transpired 3-5/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: No, the proposed knee brace was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, page 340, for the average applicant, a knee brace is "usually unnecessary." Rather ACOEM suggests that knee braces are typically recommended only in applicants who are going to be stressing the knee under load, such as those climbing ladders or carrying boxes. Here, however, the applicant was off work, on total temporary disability, as of the date in question, June 10, 2015. It did not appear that the applicant was likely to be stressing the knee under load, such as by climbing ladders or carrying boxes. Therefore, the request was not medically necessary.

Tizanidine 4 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Tizanidine (Zanaflex, generic available) Page(s): 7; 66.

Decision rationale: Similarly, the request for tizanidine, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain complaints, here, however, the June 10, 2015 progress note stated that the applicant's pain complaints were confined to the ankle and leg. It did not appear that the applicant had back pain complaints for which page 66 of the MTUS Chronic Pain Medical Treatment Guidelines espouses unlabeled usage of tizanidine. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the June 10, 2015 office visit in question failed to incorporate any discussion of medication efficacy. The fact that the applicant was not working, coupled with the fact that ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as tramadol, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Ibuprofen 600 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain complaints seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off work, despite ongoing ibuprofen usage. Ongoing use of ibuprofen failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider failed to outline a quantifiable decrement in pain affected as a result of ongoing ibuprofen usage (if any) on June 10, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Tramadol 50 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, on total temporary disability, it was reported on June 10, 2015. The attending provider failed to outline a quantifiable decrement in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.