MAXIMUS Federal Services

Case Number:	CM15-0199569		
Date Assigned:	10/14/2015	Date of Injury:	04/07/2010
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 represented 64-year-old who has filed a claim for chronic leg pain reportedly associated with an industrial injury of April 7, 2010. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for tramadol, large compression stocking for the right leg, and chlorhexidine. The claims administrator referenced an August 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant reported ongoing issues with right lower leg pain. The applicant contended that usage of tramadol extended release reduced his pain complaints from 7-8/10 without medications to 3/10 with medications. The attending provider contended that usage of tramadol facilitated the applicant's ability to stand and walk for unspecified amounts of time. The attending provider recommended that the applicant was deriving 6 to 7 hours of pain relief with the same. Attending provider stated that the applicant Elavil was ameliorating the applicant's ability to sleep. The applicant was using Tenormin for hypertension, it was reported. The applicant had received disability payments for an extended amount of time, the treating provider reported, stopping in July 2015. Protonix was effectively ameliorating issues with reflux, it was reported. The applicant had persistent venous varicosities about the right lower leg, it was acknowledged. The attending provider stated in another section of the note that the applicant had a right leg wound which had not opened up and was not actively expressing discharge. Said wound was not, however, fully healed, the treating provider reported, owing to issues with extensive venous insufficiency and impaired local circulation. Topical chlorhexidine and a gauze bandage were applied. The applicant was given a refill of tramadol.

The applicant was placed off of work, on total temporary disability. On September 13, 2015, the applicant was, once again, placed off of work, on total temporary disability. The attending provider stated the applicant's right leg ulcer was no longer expressing discharge, but was not completely healed owing to issues with venous insufficiency and poor circulation. The applicant continues to use comprehensive stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 With 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for tramadol, a synthetic opioid, was 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 of work, on total temporary disability, it was reported on progress notes of August and September 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing tramadol usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and substantive improvements in function (if any) effected as a result of ongoing tramadol usage. The attending provider's commentary to the effect that the applicant's ability to stand and walk in unspecified amounts had been ameliorated as a result of ongoing of medications consumption did not constitute evidence of a substantive benefit in function as it was (a) not quantified (b) was, moreover, outweighed by the applicant's failure to return to work here. Therefore, the request was not medically necessary.

1 Large Compression Stocking For The Right Leg: Overturned

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 Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 257 Stockings are not invasive, have few adverse effects and are low cost, thus, they are moderately recommended.

Decision rationale: Conversely, the request for a large compressive stocking for the right leg was medically necessary, medically appropriate, and indicated here. As noted on page 40 of the MTUS Chronic Pain Medical Treatment Guidelines, edema control may be required in applicants who carry a diagnosis of Complex Regional Pain Syndrome (CRPS).

By analogy, edema control is also indicated in the applicants who carry analogous diagnoses. Here, the applicant is described as having lower extremity swelling associated with venous insufficiency and/or venous varicosities. Provision of compressive stockings was indicated to ameliorate the same, particularly in the light of the fact that Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes that stockings are moderately recommended in applicants with venous disease, as was seemingly present here in the form of the applicant's lower extremity venous insufficiency. Therefore, the request was medically necessary.

Unknown Prescription of Chlorhexidine Gluconate: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation http://www.medscape.com/viewarticle/456300_5, Antiseptics on Wounds: An Area of Controversy, Anna Drosou, MD, Anna Falabella, MD, Robert S. Kirsner, MD, Chlorhexidine appears to be relatively safe with little effect on the wound healing process, and its use may favor healing of open wounds in risk for infection.

Decision rationale: Finally, the request for chlorhexidine gluconate, an antiseptic agent, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider suggested on the progress note of August and September 2015 that chlorhexidine had been employed to ameliorate issues with an open wound about the leg. While Medscape's Antiseptic on Wounds article notes that usage of antiseptic on wounds is somewhat controversial, Medscape notes that chlorhexidine appears to be relatively safe and is favored in the healing of open wounds at risk for infection. Here, the attending provider's August and September 2015 office visit suggested that the applicant had an incompletely healed open wound present at that point. Usage of chlorhexidine was, thus, indicated in conjunction with dressing changes and the like. Therefore, the request was medically necessary.