

Case Number:	CM15-0204963		
Date Assigned:	10/22/2015	Date of Injury:	10/02/2012
Decision Date:	12/28/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: 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 injured worker is a 55-year-old male, who sustained an industrial injury on 10-2-12. The injured worker was diagnosed as having right ankle avascular necrosis, reactionary depression-anxiety secondary to stress at work, right knee medial meniscus tear, left hip sprain and non-insulin dependent diabetes. Subjective findings (3-26-15, 4-30-15, 6-1-15 and 8-4-15) indicated 8 out of 10 pain in his right foot and ankle that is aggravated with any type of weight-bearing and low back pain. The injured worker reports feeling more depressed due to chronic pain and functional limitations. He also noted that his blood sugars have been elevated and he has gained at least 16lbs over the past 4-5 months. Objective findings (6-18-15, 4-30-15, 7-30-15 and 8-4-15) revealed decreased lumbar range of motion, a positive straight leg raise test in the sitting position at 65 degrees and numerous palpable trigger points. The Beck Depression Inventory score was 24-29. As of the PR2 dated 9-3-15, the injured worker reports 8 out of 10 pain in his right foot and ankle that is aggravated with any type of weight-bearing and low back pain. He also reported more depression and anxiety due to his ongoing pain and significant functional limitations. Objective findings include decreased lumbar range of motion and a positive straight leg raise test in the sitting position at 65 degrees. The treating physician noted good relief that enabled the injured worker to sleep better at night following the lumbar trigger point injection received previously. Current medications include Neurontin, medical marijuana, Metformin, Halcion, Anaprox (since at least 3-26-15), Prilosec (since at least 3-26-15) and Norco (since at least 3-26-15). The urine drug screen on 6-9-15 was inconsistent with prescribed medications. Treatment to date has included psychiatric testing and therapy sessions, a right ankle boot and Cymbalta. The Utilization Review dated 9-22-15, non-certified

the request for Norco 10-325mg #140, Prilosec 20mg #60, Anaprox 500mg #60, a follow-up for diabetes, individual cognitive behavioral psychotherapy x10, a right ankle MRI, retro trigger point injection (x4) and a retro urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. In addition, the medical records reveal that this request has been denied no less than three times in previous Independent Medical Reviews. Norco 10/325mg #140 is not medically necessary.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20 mg #60 is not medically necessary.

Anaprox 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. Anaprox 500mg #60 is not medically necessary.

Follow- up for Diabetes: Upheld

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): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management , with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation of the patient's diabetes, including no laboratory documentation of abnormal blood sugar or current treatment. Follow- up for Diabetes is not medically necessary.

Individual cognitive-behavioral psychotherapy (X100): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: According to the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support the request. There is no documentation of psychological improvement. In addition, the medical records reveal that this request has been denied no less

than two times in previous Independent Medical Reviews. Individual cognitive-behavioral psychotherapy (X10) is not medically necessary.

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: According to the Official Disability Guidelines, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI right ankle is not medically necessary.

Retro: trigger point injections (x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Online Occupational Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The MTUS lists the following criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. (Colorado, 2002) (BlueCross BlueShield, 2004)The patient has had four previous trigger point injections and cited one week relief. This fails to meet the standard set by the MTUS of 50% relief for 6 weeks. Retro: trigger point injections (x4) are not medically necessary.

Retro: Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Retro: Urine Drug Screen is not medically necessary.