MAXIMUS Federal Services

Case Number:	CM15-0207765		
Date Assigned:	10/26/2015	Date of Injury:	09/03/2008
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/21/2015

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: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 09-03-2008. A review of the medical records indicates that the worker is undergoing treatment for discogenic lumbar condition, disc herniation at L5-S1 and ankle inflammation status post arthroscopy in 2009. Treatment has included Naproxen (since at least 04-14-2015), Celebrex, AciPhex (since at least 03-12-2015), injections, orthotics, ankle brace, application of heat and ice and transcutaneous electrical nerve stimulator (TENS) unit. Subjective complaints (06-23-2015, 08-11-2015 and 09-22-2015) included low back, left ankle, left foot and right shoulder pain that was not quantified. There was no documentation of the effectiveness of Naproxen at reliving pain and no pain ratings before and after the use of pain medication were provided. Documentation shows that that worker went to the emergency room in mid-June due to stomach irritation where a CT scan was performed and showed duodenal inflammation or ulcer and that the worker reported pain with bowel movements that was causing quite a bit of back pain. Objective findings (06-23-2015, 08-11-2015 and 09-22-2015) included inability to walk on heels and toes, limping gait, decreased ankle range of motion, swelling along the ankle joint, tenderness along the anterior ankle and retro-Achilles area and inability to do Milgram test. Documentation shows that tibiotalar joint and subtalar joint debridement of the left ankle was performed on 09-14-2015. The physician noted that Naproxen and AciPhex refills were being requested along with therapy after sutures were removed. The rationale for requesting physical therapy was not provided. It's unclear as to whether previous physical therapy was received and if so to which body parts therapy was applied, the duration of therapy and whether it yielded any pain relief or objective functional improvement. A utilization review dated 09-25-2015 non-certified requests for physical therapy for the lumbar spine and left ankle 2 times a week for 6 weeks, Naproxen 550 mg #60 and AcipHex 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine and left ankle 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The patient presents with pain in the left ankle and the lower back. The request is for physical therapy for the lumbar spine and left ankle 2 times a week for 6 weeks. Patient is status post left ankle surgery 09/14/15. Physical examination to the left ankle on 09/22/15 revealed tenderness to palpation along the anterior ankle as well as retro-Achilles area. There was swelling along the ankle joint. Patient walked with a limb and could not walk on heels and toes. Treatments to date have included image studies, injections, medication, hot and cold wrap, bracing, and a TENS unit. Per 09/08/15 progress report, patient's diagnosis include discogenic lumbar condition with three MRIs done on lumbar spine showing disc herniation at L5-S1 and facet changes from L1 to S1; nerve studies have been done also, three times and have been unremarkable; the patient is status post two epidural injections provided in the past; facet injection is being denied even though facet arthropathy at multiple levels has been documented in the two MRIs; ankle inflammation, status post arthroscopy in 2009 with no improvement; bone scan showing uptake along the talus in March 2013; multiple injections being provided by the physician who diagnosed him with tarsal tunnel arthrosis along the anterior lateral joint, Achilles tendonitis, and retro-Achilles bursitis, the patient does have orthotics and ankle brace; the patient has an element of depression for which he has seen a physician, although not since July and evaluated for rating purpose in December 2013; associated with his chronic pain, the patient also has element of sleep and GI irritation; chronic pain syndrome. Patient's medications, per 09/22/15 Request For Authorization form include Naproxen, AcipHex, Effexor, and Neurontin. Per 10/01/15 progress report, patient can stay off-work recovering from surgery. MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not specifically discussed this request. Review of the medical records provided did not indicate prior physical therapy. The patient continues with pain in the left ankle and the lower back. Given the patient's continued pain, a short course of therapy is reasonable and supported by the guidelines. However, the guidelines support up to 10 sessions of physical therapy and the request for 12 sessions exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.

Naproxen 550mg #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): Anti-inflammatory medications.

Decision rationale: The patient presents with pain in the left ankle and the lower back. The request is for naproxen 550mg #60. Patient is status post left ankle surgery 09/14/15. Physical examination to the left ankle on 09/22/15 revealed tenderness to palpation along the anterior ankle as well as retro-Achilles area. There was swelling along the ankle joint. Patient walked with a limb and could not walk on heels and toes. Treatments to date have included image studies, injections, medication, hot and cold wrap, bracing, and a TENS unit. Per 09/08/15 progress report, patient's diagnosis include discogenic lumbar condition with three MRIs done on lumbar spine showing disc herniation at L5-S1 and facet changes from L1 to S1; nerve studies have been done also, three times and have been unremarkable; the patient is status post two epidural injections provided in the past; facet injection is being denied even though facet arthropathy at multiple levels has been documented in the two MRIs; ankle inflammation, status post arthroscopy in 2009 with no improvement; bone scan showing uptake along the talus in March 2013; multiple injections being provided by the physician who diagnosed him with tarsal tunnel arthrosis along the anterior lateral joint, Achilles tendonitis, and retro-Achilles bursitis, the patient does have orthotics and ankle brace; the patient has an element of depression for which he has seen a physician, although not since July and evaluated for rating purpose in December 2013; associated with his chronic pain, the patient also has element of sleep and GI irritation; chronic pain syndrome. Patient's medications, per 09/22/15 Request For Authorization form include Naproxen, AcipHex, Effexor, and Neurontin. Per 10/01/15 progress report, patient can stay off-work recovering from surgery. MTUS Chronic Pain Medical Treatment Guidelines 2009, Anti-inflammatory medications, pg 22 states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS Chronic Pain Medical Treatment Guidelines 2009, p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request. A prescription for Naproxen was first noted in progress report dated 03/12/15 and it appears that the patient has been utilizing this medication at least since then. However, the treater has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request for Naproxen is not medically necessary.

AcipHex 20mg #30: 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: The patient presents with pain in the left ankle and the lower back. The request is for Aciphex 20MG #30. Patient is status post left ankle surgery 09/14/15. Physical examination to the left ankle on 09/22/15 revealed tenderness to palpation along the anterior ankle as well as retro-Achilles area. There was swelling along the ankle joint. Patient walked with a limb and could not walk on heels and toes. Treatments to date have included image studies, injections, medication, hot and cold wrap, bracing, and a TENS unit. Per 09/08/15 progress report, patient's diagnosis include discogenic lumbar condition with three MRIs done

on lumbar spine showing disc herniation at L5-S1 and facet changes from L1 to S1; nerve studies have been done also, three times and have been unremarkable; the patient is status post two epidural injections provided in the past; facet injection is being denied even though facet arthropathy at multiple levels has been documented in the two MRIs; ankle inflammation, status post arthroscopy in 2009 with no improvement; bone scan showing uptake along the talus in March 2013; multiple injections being provided by the physician who diagnosed him with tarsal tunnel arthrosis along the anterior lateral joint, Achilles tendonitis, and retro-Achilles bursitis, the patient does have orthotics and ankle brace; the patient has an element of depression for which he has seen a physician, although not since July and evaluated for rating purpose in December 2013; associated with his chronic pain, the patient also has element of sleep and GI irritation; chronic pain syndrome. Patient's medications, per 09/22/15 Request For Authorization form include Naproxen, AcipHex, Effexor, and Neurontin. Per 10/01/15 progress report, patient can stay off-work recovering from surgery. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treater has not discussed this request. The patient continues with pain in the lower back and the left ankle and has been utilizing NSAIDs since at least 03/12/15. Patient's diagnosis include chronic pain syndrome and GI irritation. Review of the medical records provided indicate that the patient has been utilizing Aciphex since at least 03/12/15. However, the treater has not documented the efficacy of this medication and functional improvement. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.