

<b>Case Number:</b>	CM15-0031091		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	12/27/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, Arizona

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 37 year old male, who sustained an industrial injury on 12/27/2013. The mechanism of injury involved cumulative trauma. The injured worker is currently diagnosed with right knee sprain, right ankle sprain, right foot sprain, and history of right tibial fibular fracture in 12/2013. The injured worker presented on 01/12/2015 for an initial comprehensive medical evaluation. It was noted that the injured worker underwent x-rays of the right foot immediately following the injury, which revealed evidence of a fracture. The injured worker was placed in a splint and prescribed medication. According to the injured worker, he completed 29 sessions of physical therapy at a separate clinic. The injured worker noted complaints of intermittent right knee pain, buckling and giving way of the right knee, intermittent right foot and ankle pain, and psychiatric symptoms of anxiety, depression, insomnia, and nervousness. Upon examination of the right knee, there was 0 to 120 degree range of motion with pain. Examination of the ankle/foot revealed tenderness over the right medial and lateral ankle, plantar ligament tenderness, stiffness and tenderness of the right Achilles, tenderness over the dorsum of the foot, 30 degree flexion, 10 degree extension, and 10 degree varus and valgus. Treatment recommendations at that time included prescriptions for Naproxen 550 mg, Cyclobenzaprine 5 mg, Omeprazole 20 mg, pharmacogenetic testing, a course of physical therapy, x-rays of the right lower extremity, and a referral to an internal medicine specialist and a psychologist. A Request for Authorization form was then submitted on 01/12/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for a muscle relaxant has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically necessary.

**X-ray of the right foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most cases presenting with true foot and ankle disorders, special studies are not needed until after a period of conservative care and observation. In this case, it is noted that the injured worker presented with complaints of pain over the right foot. However, the injured worker underwent recent x-rays of the right foot on 01/30/2015. The medical necessity for an additional x-ray of the right foot has not been established at this time. As such, the request is not medically necessary.

**Functional capacity evaluation of the right ankle, right knee and right foot: 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) Fitness for Duty, Functional Capacity Evaluation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines recommend a Functional Capacity Evaluation if case management has been hampered by complex issues and the timing is

appropriate. In this case, there is no indication that this injured worker is close to reaching or has reached Maximum Medical Improvement. The injured worker continues to report persistent pain over multiple areas of the body, as well as multiple psychiatric complaints. In addition, there is no evidence of any previous unsuccessful return to work attempts. As the medical necessity has not been established in this case, the request is not medically necessary at this time.

**Pharmacogenetic testing (CYP450 Assays): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 90-91.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Genetic testing.

**Decision rationale:** The Official Disability Guidelines do not recommend genetic testing. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and a large phenotype range. The medical rationale for the requested genetic testing was not provided. There is no indication that this injured worker is at high risk of developing an addiction to opioid medication. As the medical necessity has not been established, the request is not medically necessary at this time.

**Naproxen 550mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker does not maintain a diagnosis of osteoarthritis. There is no evidence of an acute exacerbation of pain, uncontrolled with first line treatment with acetaminophen. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

**Omeprazole 20mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.