

Case Number:	CM15-0035313		
Date Assigned:	03/03/2015	Date of Injury:	12/30/2008
Decision Date:	04/21/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, Michigan

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 47-year-old male who sustained an industrial injury on 12/30/08. He reports left heel and knee pain. Treatments to date include surgery, physical therapy, medication, and a spinal cord stimulator. Diagnoses include left heel pain, reflex sympathetic dystrophy of the left lower extremity, allodynia, left knee pain, osteoarthritis of the left knee, chronic pain syndrome, myofascial pain, and numbness. In a progress note dated 02/10/15, the treating provider recommends a knee brace, orthopedic and spine surgeon referrals, TENS unit, and medications, including Omeprazole and Naproxen. On 02/19/15 Utilization Review non-certified the spine and orthopedic surgeon referrals, and omeprazole, citing ODG guidelines. The TENS unit and lumbar brace were non-certified, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee orthosis 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): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) / knee brace.

Decision rationale: The MTUS/ ACOEM recommends functional bracing as part of a rehabilitation program. Per the ODG Criteria for the use of prefabricated knee braces include; Knee instability, Ligament insufficiency/deficiency, Reconstructed ligament, Articular defect repair, Avascular necrosis, Meniscal cartilage repair, Painful failed total knee arthroplasty, Painful high tibial osteotomy, Painful unicompartmental osteoarthritis and Tibial plateau fracture. A review of the injured workers medical records reveal that he has had complex ankle problems with ongoing reflex sympathetic dystrophy of his left lower limb, however the physical examination of his knee dated 2/10/15 does not support the use of a knee brace according to the guideline recommendations, therefore the request for left knee orthosis brace is not medically necessary.

TENS unit rental for thirty days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Per the MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be tried under specific criteria as documented in the MTUS, which include documentation of pain of at least 3 months duration and there is evidence that other appropriate pain modalities including medication have been tried and failed. A one month trial period should include documentation of how often unit was used, as well as outcomes in terms of pain relief and function and other ongoing pain treatment, a treatment plan including specific short and long term goals of treatment with the unit should be submitted and a 2 lead unit is generally recommended, if a 4 lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records shows that he has had complex ankle problems with ongoing reflex sympathetic dystrophy of his left lower limb that appears to be refractory to treatment and he could benefit from a one month trial of transcutaneous electrical nerve stimulation, therefore the request for TENS unit rental for thirty days is medically necessary and appropriate in this injured worker.

Omeprazole 20 mg, sixty count: 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / proton pump inhibitors.

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). A review of the injured workers medical records that are available to me do not show that the injured worker is at increased risk for gastrointestinal events and therefore the request for Omeprazole 20 mg, sixty count is not medically necessary.

Orthopedic Referral to Orthopedic Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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

Decision rationale: Per the MTUS/ACOEM referral for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement or who have had failure of exercise programs to increase range of motion and strength of the muscles around the ankle and foot and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. A review of the injured workers medical records shows that he has had complex ankle and heel problems with ongoing reflex sympathetic dystrophy of his left lower limb that appears to be refractory to treatment. Referral to Orthopedic Surgeon for evaluation and management of his left heel pain is medically necessary.

Referral to Orthopedic Spine Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: Per the MTUS, Surgery should only be considered when there is serious spinal pathology or nerve root dysfunction that is not responsive to conservative therapy. Most patients with strong clinical findings of nerve root dysfunction recover within one month and with or without surgery 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to mid-term recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings and increases the need for future surgical procedures with higher complication rates. A review of the injured workers medical records is not clear on the indication for referral to orthopedic spine surgeon and without this information, the request is not medically necessary.