

Case Number:	CM15-0045996		
Date Assigned:	03/18/2015	Date of Injury:	05/17/2012
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on May 17, 2012. She has reported right hip pain, right foot pain, left elbow pain, and depression. Diagnoses have included right hip fracture with surgical repair and revision, right fourth and fifth metatarsal malunion and surgical repair, depression, and left lateral epicondylitis. Treatment to date has included medications, physical therapy, pain management, use of a cane causing left elbow symptoms, and imaging studies. A progress note dated February 16, 2015 indicates a chief complaint of right foot pain and left elbow discomfort. The treating physician documented a plan of care that included continuation of pain management, continuation of psychiatric treatment, medications, and electromyogram/nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg Unknown Qty: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for right lower extremity pain. When seen by the requesting provider she had complaints of increasing right hip and right foot pain. Physical examination findings were positive Patrick testing and decreased knee range of motion. Medications include oxycodone 10 mg taken three times per day and Voltaren gel. In this case, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking consistent with her history of injury and surgery. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total daily MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone was medically necessary.

Voltaren Gel: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for right lower extremity pain. When seen by the requesting provider she had complaints of increasing right hip and right foot pain. Physical examination findings were positive Patrick testing and decreased knee range of motion. Medications include oxycodone 10 mg taken three times per day and Voltaren gel. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the foot amenable to topical treatment. Therefore, the requested medication was medically necessary.

EMG/NCS studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for right lower extremity pain. When seen by the requesting provider she had

complaints of increasing right hip and right foot pain. Physical examination findings were positive Patrick testing and decreased knee range of motion. Medications include oxycodone 10 mg taken three times per day and Voltaren gel. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression or history of metabolic pathology. There is no documented neurological examination that would support the need for obtaining EMG or NCS testing at this time. Therefore, this requested is not medically necessary.