

Case Number:	CM15-0046645		
Date Assigned:	03/18/2015	Date of Injury:	04/13/2014
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
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: Texas, New York, 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 applicant is a represented 43-year-old [REDACTED] beneficiary who has filed a claim for chronic foot, ankle, and leg pain reportedly associated with an industrial injury of April 13, 2014. In a Utilization Review Report dated February 13, 2015, the claims administrator denied walking sticks, partially approved Norco, and denied Flexeril. The claims administrator referenced a February 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a March 11, 2015 physical therapy progress note, the applicant's treating therapist suggested that the applicant had received 15 sessions of physical therapy. The treating therapist suggested that the applicant employ walking sticks and/or walking poles. It was stated that the applicant was walking more frequently than in the past owing to the fact that his car had recently broken down. In an August 25, 2014 progress note, the applicant was given refills of Norco and Flexeril for ongoing complaints of foot, ankle, knee, and thigh pain. The applicant was placed off of work, on total temporary disability, it was stated in several sections of the note. The applicant's gait was not clearly described or characterized. On October 8, 2014, the applicant reported ongoing complaints of foot and ankle pain. A mildly antalgic gait was appreciated without usage of assistive device. The applicant was still smoking, it was acknowledged. An additional 12 sessions of physical therapy were endorsed. In a medical progress note dated December 29, 2014, the applicant was again placed off of work, on total temporary disability, while Norco, Flexeril, and Motrin were renewed. No discussion of medication efficacy transpired. The applicant was asked to consult an orthopedist. The

applicant's gait was not clearly described. The applicant was still smoking it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One walking stick: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic), Walking Aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376; 371.

Decision rationale: No, the request for one pair of walking sticks was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 371, careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. ACOEM Chapter 14, Table 14-6, page 376 also notes that the prolonged usage of supports or bracing or, by analogy, the walking sticks at issue without attendant exercise is deemed "not recommended" owing to the risk of debilitation. Here, the applicant does not appear to have significant structural derangement involving the feet. The applicant was described by his therapist as exhibiting a mildly antalgic gait. It was not clearly established why walking sticks were needed and/or indicated here. The walking sticks in question would, moreover, minimize rather than maximize the applicant's overall level of activity and, thus, is at odds with the MTUS Guideline in Chapter 14, page 371. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, throughout mid and late 2014. The attending provider's progress notes failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

Flexeril 10/mg #100 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Norco and Motrin. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 100-tablet, one-refill supply of Flexeril (cyclobenzaprine) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.