MAXIMUS Federal Services

Case Number:	CM15-0059079		
Date Assigned:	04/03/2015	Date of Injury:	10/01/2011
Decision Date:	05/21/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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 52-year-old female who reported an injury on 10/01/2011. The mechanism of injury was a cord got wrapped around the injured worker's ankle causing her to fall backwards and twisted her ankle and foot. The injured worker underwent an MRI of the right ankle on 10/14/2013, which revealed subchondral cyst formation and bone marrow edema in the calcaneous at the level of sustentaculum tali. Contusion was not excluded. There was a bone island within the calcaneous that was incidentally noted. Prior treatments included pain medication injections, epidural steroid injections, and facet injections. The injured worker utilized Flexeril and Prilosec, as well as opiates, since at least 2013. The most recent documentation was dated 03/12/2015 and it revealed the injured worker had right ankle pain and low back pain. The physical examination of the right ankle and foot revealed tenderness laterally. The injured worker had decreased range of motion and tenderness to palpation of the anterolateral aspect along with pain with range of motion. There was no effusion. There was no measurable soft tissue swelling. The diagnosis included right ankle strain. The treatment plan included a food/ankle orthopedic fellow consult, a right shoulder injection, Norco 10/325 mg 1 by mouth 4 times a day #120 for pain, Flexeril 10 mg 1 by mouth twice a day #60 for muscle spasms, and Prilosec 20 mg 1 by mouth twice a day #60 for GI upset. The documentation indicated with medications, the injured worker could function better, could cook, clean, shop, and do light exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle 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, Ankle and Foot Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

Decision rationale: The ACOEM Guidelines indicate that putting joints at rest in a brace or splint should be for as short a time as possible. The clinical documentation submitted for review failed to provide a rationale of the requested ankle brace. There was a lack of documented instability for the ankle. Given the above, the request for right ankle brace is not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #60 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had GI upset. However, the efficacy for the requested medication

was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective functional benefit from the medications. However, there was a lack of documentation indicating the injured worker had objective pain relief and that the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #120 is not medically necessary.