

Case Number:	CM15-0070431		
Date Assigned:	04/17/2015	Date of Injury:	03/20/2013
Decision Date:	09/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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 42 year old female, who sustained an industrial injury on March 20, 2013. The injured worker was diagnosed as having lumbago, joint dysfunction and trochanteric bursitis. Treatment and diagnostic studies to date have included custom shoes and medication. A progress note dated March 4, 2015 provides the injured worker complains of low back pain and foot pain. Physical exam notes lumbar tenderness with decreased range of motion (ROM) and tenderness of sacroiliac area. The plan includes oral and topical medication, pelvic belt and custom shoes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta: 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), Tapenadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nucynta Page(s): 44, 47, 75-79, 120.

Decision rationale: CA MTUS state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. There is no mention within the submitted documentation of improved function, pain, or other measures of improvement with the use of Nucynta. Furthermore, the request does not list a dose or frequency. Without supporting documentation, this request is not medically necessary.

Ativan: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24.

Decision rationale: California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. There is no mention of previous use, with documentation of improved function, sleep, and/or pain. In addition, there is no dose or frequency listed. As such, this request is not medically necessary.

Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Insomnia Treatment Section.

Decision rationale: California MTUS do not address Lunesta. The ODG state Lunesta is utilized as a treatment of insomnia, and is noted to demonstrate reduced sleep latency and sleep maintenance and is the only FDA-approved benzodiazepine receptor antagonist approved for use longer than 35 days. There is no mention of chronic insomnia, with inability to fall asleep within the submitted documentation. The request does not state dose, or frequency of use nor duration of use. As such, this request is not medically necessary at this time.

Compound topical cream: Flubiprofen/Capsaicin: Upheld

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.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is no mention of failure to first line agents such as anti-convulsants or anti-depressant medications for pain. There is a lack of supporting documentation that would warrant certifying this request and as such, this request is not medically necessary.

Pelvic belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (revised 2007) page 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Pain Section.

Decision rationale: According to ODG Guidelines, a sacroiliac or pelvic support belt is an option in treatment for sacroiliac joint dysfunction. Within the submitted documentation, there is mention of sacroiliac joint tenderness but there is lack of confirmation of SI joint dysfunction with three positive special or provocative maneuvers including Yeoman, pelvic thrust, and Gaenslen's testing. Without confirmation of SI joint dysfunction, this request is not medically necessary.

Custom shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, Vol2. 3rd Ed (2011) - p. 521.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines state that rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The ODG state that a clinical study indicated that custom-made foot orthoses were effective for rear foot pain in rheumatoid arthritis. Within the submitted documentation, there is lack of clear rationale as to the type of custom shoe, and what specific custom modifications are necessary. There is no specific condition that the requesting clinician wants to treat. Without this rationale and information, this request is not medically necessary.