MAXIMUS Federal Services

Case Number:	CM15-0085058		
Date Assigned:	05/07/2015	Date of Injury:	04/28/2014
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 37-year-old male with an industrial injury dated 04/28/2014 involving his left foot. His diagnoses included left ankle status post osteochondral debridement and drilling, osteochondritis desiccans left medial talar dome and status post micro fracture talus osteochondral defect. Prior treatments include diagnostics, surgery and medications. He presents on 02/24/2015 (the most current dated record) with complaints of moderate to severe ankle pain with prolonged weight bearing or twisting of his left ankle. He indicated it was really no better than it was prior to his surgery. Physical exam revealed healed arthroscopic portals. There was marked tenderness over the lateral ankle and dorsum of the left mid foot. There was positive inversion stress. The injured worker walked with a slight antalgic gait. This request is for muscle relaxant, pain medication and a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclopbenzaprine 7.5mg #90 DOS: 3/26/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 60, 63.

Decision rationale: The general class of agents used as muscle relaxants are generally recommended for short-term use only and with caution due to side effects as second line agents for patients with exacerbations of back pain. There is no evidence that they will show a benefit beyond that of NSAID's or that there is any additional benefit in combination with NSAID's. Efficacy appears to diminish with time and maximal benefit appears to decline after approximately 4 days. Sedation is the most common class effect and needs to be considered in those having to drive or operate heavy equipment. The DOI is reported as 28Apr14 sustained because of a trailer hitch falling onto the members L foot. There is no mention of any functional improvement. Based on the short-term indications for use of this class of agent and failure to show evidence for improved function the UR Non-Cert for this medication is supported. Therefore, this request is not medically necessary.

Retro Tramadol ER 150mg #60 DOS: 3/26/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 60, 74-81.

Decision rationale: Opioids are not recommended as first line agents for analgesia. For analgesia, acetaminophen and NSAID's are considered our initial agents of choice. For short term, relief opioids can be efficacious. Tramadol has been found to provide pain relief but not functional improvement. However, this class of agent is associated with significant risks. These risks include tolerance, hyperalgesia and abuse. It is estimated that chronic use is associated with a risk for substance use disorder of between 36 and 56%. There is no evidence for long-term benefit or improvement in function. Rather than pain consideration of level of functioning, quality of life and activities of daily living should be evaluated. Continuation of the use of opioids should be limited to injured workers who return to work and have shown improvements in functioning and pain. Considering that reports of the members pain remained unchanged and that the member remained disabled, The UR partial certification to facilitate transition from and discontinuation of Tramadol is supported. Therefore, this request is not medically necessary.

Retro Ketoprofen 10% in base 300 grams with 3 refills DOS: 3/26/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 112.

Decision rationale: Ketoprofen is not currently FDA approved for topical application as it has an extremely high incidence of photo contact dermatitis. With the absence of an approved recommendation in the MTUS, its use in this circumstance would not be considered appropriate. Therefore, the UR Non-Cert is supported. Therefore, this request is not medically necessary.