MAXIMUS Federal Services

Case Number:	CM15-0087329		
Date Assigned:	05/11/2015	Date of Injury:	06/27/2006
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/07/2015

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: 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 injured worker is a 52 year old, female who sustained a work related injury on 6/27/06. She fell from loft catching left foot. The diagnoses have included chronic regional pain syndrome, chronic left foot pain and depression/anxiety. The treatments have included lumbar sympathetic nerve blocks, physical therapy, home exercises and medications. In the PR-2 dated 4/9/15, the injured worker complains of left ankle and foot pain. She has electric burning throughout left foot accompanied by pins and needles sensation with swelling and temperature changes. She is having problems with weight-bearing activities. On physical examination, there is a significant degree of increased warmth, swelling and coloration changes with left foot. There was tactile allodynia over dorsum of left foot. The treatment plan includes refill prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lengthy or repeated telephone calls by providers to employers (peer to peer): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.slidefinder.net/p/prolonged_service_codes/32609404/p2.

Decision rationale: The requested CPT code is 99048, which is for greater than 15 minutes of direct contact by the physician with employers or agencies. MTUS Guidelines do not address this issue. This is a code utilized for prolonged communications with outside agencies, to support the use of this code there has to be specific documentation of who was called and a summary of the conversation. This individual does not appear to be working and no plans to institute work are documented in the records reviewed. There is a lack of documented necessity and a lack of the actual documented conversations to support the requested service. In addition, by definition a call to employers is not a (peer-to-peer) call. There is inadequate documentation to support the lengthy or repeated telephone calls by providers to employers (peer to peer) as being medically necessary. Under these circumstances, the requested service is not medically necessary.

One (1) prescription of Norco: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, improved function from its use and the lack of drug related aberrant behaviors. This individual meets these Guideline criteria. There is pain relief realized that allows for improved functioning as documented by an increased tolerance for weight bearing. No aberrant behaviors are apparent. Under these circumstances, the prescription to Norco is supported by Guidelines and is medically necessary.

One (1) prescription of Gralise: Overturned

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 Anti-epilepsy drugs Page(s): 18, 19.

Decision rationale: MTUS Guidelines support the use of Gabapentin (Gralise) for chronic pain that has neuropathic components. It is clearly documented that this individual meets the Guideline criteria for the use of Gabapentin. The prescribing physician documents meaningful improvements as a result of its use. The Guidelines support its use under these circumstances. The prescription of Gralise is medically necessary.

One (1) prescription of Ambien 6.25mg: 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Insomnia treatment.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated Guidelines support the use of specific hypnotic medications for insomnia associated with chronic pain. However, Ambien is not one of the recommended drugs for long-term use and Guideline recommend use is limited to 3 weeks. There are other alternative hypnotic drugs that are supported for long-term use. There are no unusual circumstances to justify an exception to Guidelines. The prescription of Ambien 6.25mg is not supported by Guidelines and is not medically necessary.