

Case Number:	CM15-0089296		
Date Assigned:	05/13/2015	Date of Injury:	07/16/2013
Decision Date:	06/22/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal 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 38 year old female, who sustained an industrial injury on 7/16/13. She reported initial complaints of a fall injury on the left side of her body with inversion injury to left ankle. The injured worker was diagnosed as having pain in joint ankle/foot; neck pain. Treatment to date has included chiropractic treatment; medications. Diagnostics included MRI left ankle (9/9/13); MRI cervical spine (9/9/13); EMG/NCV upper extremities (9/12/13). Currently, the PR- 2 notes dated 4/13/15 indicated the injured worker presented for a follow-up examination. She complained of depression but denies anxiety, hallucinations and suicidal thoughts. On examination she showed no gait abnormalities or swelling of the extremities. The right lower extremity muscle strength was graded as 5/5 with the left ankle plantar flexion 4/5 with probable breakaway weakness. The left foot was tender on the lateral aspect and there was severe pain with eversion. The ball of the foot was very tender and there is some heel pain on deep palpation. There is no noted pain with inversion and no swelling of the left ankle. He notes the neck pain has improved with chiropractic therapy but driving distances or holding her head in one position causes an increase in pain. He notes to continue with the podiatrist and see if he recommends surgery on her left foot and continue using her hinged AFO brace. He has requested cervical facet injections and epidural steroid injections but he notes this was denied. He is requesting a stand up desk, Ibuprofen 600mg #90 and Norco 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stand up desk: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175-176.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable medical equipment (DME).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses ergonomics. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 1 Prevention indicates that almost all available studies either define exposure to work-related factors qualitatively or use job title as a proxy. In almost all cases there has been no quantification of specific ergonomic or other stressors to allow determination of a dose-response curve. Official Disability Guidelines (ODG) indicates that durable medical equipment (DME) generally is not useful to a person in the absence of illness or injury. Environmental modifications are considered not primarily medical in nature. The visit note dated April 13, 2015 documented lower extremity weakness and tenderness. Ankle plantar flexion 4/5 breakaway weakness was noted. The patient was consulting a podiatrist. The patient may require surgery on her left foot which might include debridement and surgery of the ankle and foot. The patient will continue using a hinged AFO ankle foot orthosis. The visit note dated April 13, 2015 documented a request for a stand-up desk, without a rationale for the request. The medical necessity of a stand-up desk was not established. Because of the patient's lower extremity conditions, a stand-up desk is not recommended. Therefore, the request for stand-up desk is not medically necessary.

Ibuprofen 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All

NSAIDs have the potential to raise blood pressure in susceptible patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The visit note dated April 13, 2015 does not document a diagnosis or subjective complaints. The subjective complaints section of the progress report is blank. The diagnosis section of the progress report notes V58.69 long term use medications, but no diagnosis. The utilization review treatment appeal letter dated 5/21/15 documented that NSAIDs such as Naproxen and Aleve were not effective in the past. Medical records document the long-term use of NSAIDS. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Ibuprofen is not supported by MTUS guidelines. Therefore, the request for Ibuprofen is not medically necessary.

Norco 5/325mg #30: 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 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The utilization review treatment appeal letter dated 5/21/15 provided supplemental information regarding the clinic visit on April 13, 2015. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 5/325 mg #30 is medically necessary.