MAXIMUS Federal Services

Case Number:	CM14-0131765		
Date Assigned:	08/20/2014	Date of Injury:	02/23/2009
Decision Date:	09/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury on 02/23/2009 due to a trip and fall while the injured worker was walking and carrying a heavy item, causing his left side to bear all the weight. The injured worker had diagnoses of pain in joint lower leg, causalgia lower limb, and spasm of muscles. The injured worker's medications included Aciphex, Celebrex, Gabapentin, Flexeril, and Viagra. The treatment plan was for the injured worker to continue the use of his medications. The injured worker underwent drug screens on 07/29/2013 and 11/15/2013. He has undergone 2 surgeries to the left ankle, 1 in 09/2009 and the other in 09/2012. On 07/07/2014, the injured worker complained of left ankle pain. The physical examination revealed movements were restricted with pain in dorsiflexion, but normal plantar flexion and dorsiflexion. Tenderness was noted over the whole lateral aspect of the ankle joint and over the surgical site. The injured worker reported more pain with deeper pressure palpation. Motor testing was limited by pain. motor strength of the EHL was 5/5 on the right and 4/5 on the left; ankle dorsiflexors were 5/5 on the right and 4-/5 on the left; ankle plantar flexors were 5/5 on the right and 4/5 on the left; knee extensors were 5/5 on the 4/5 on the left; knee flexors were 5/5 on the right and 4/5 on the left. Sensory examination revealed light touch sensation was decreased over L5-S1 dermatomal distribution on the left side. The provider felt that the injured worker needed the Flexeril for muscle spasms, Aciphex for gastrointestinal upset secondary to medications, Celebrex for inflammation, and Gabapentin for neuropathic pain. The provider also felt that the injured worker would benefit from additional sessions of physical therapy to the left ankle. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 10 mg is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short-term course of therapy. The greatest effect of the medication is in the first 4 days of treatment, suggesting that the shorter course may be better. Treatment should be brief. The request for Flexeril 10 mg with a quantity of 60 exceeds the guideline recommendations of short-term therapy. The provided medical records lacked documentation of significant objective functional improvement with the use of medication. Furthermore, the request as submitted lacked a duration and a frequency of the medication. As such, the request for Flexeril 10 mg is not medically necessary.

Gabapentin 600mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for Gabapentin is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The submitted documentation did not indicate that the injured worker had a diagnosis of neuropathic pain or post-herpetic neuralgia. The progress note dated 07/07/2014 had no indications that the injured worker had weakness or numbness to the muscles. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS Guideline recommendations. As such, the request for Gabapentin 600 mg is not medically necessary.

Aciphex 20mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI's (Aciphex) Page(s): 68.

Decision rationale: The request for Aciphex 20 mg is not medically necessary. The California MTUS Chronic Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was not noted to be taking any type of NSAID therapy. There was no documentation indicating that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence-based guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request for Aciphex 20 mg is not medically necessary.

4 physical therapy sessions for left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for physical therapy sessions for the left ankle is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating that the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy was helpful with any functional deficits the injured worker might have had. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the injured worker's left ankle is unclear. In addition, the injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, and there was no indication that the injured worker was doing so. Furthermore, the request as submitted did not specify the frequency of physical therapy sessions. As such, the request for additional 4 physical therapy sessions for the left ankle is not medically necessary.