MAXIMUS Federal Services

Case Number:	CM14-0094757		
Date Assigned:	07/25/2014	Date of Injury:	07/11/2012
Decision Date:	09/25/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 54 year old male who sustained an injury on 07/11/12 while pushing a walk behind lawn mower. The injured worker twisted his right ankle resulting in a sprain injury. The injured worker had been followed for a constant burning type sensation in the right ankle radiating to the right foot which was exacerbated with any kind of weight bearing activity, walking, or standing. The injured worker had been managed through pain medications to include Norco, Voltaren, and Terocin patches. With these medications, the injured worker reported approximately 40-50% improvement in his symptoms. Prior treatment did include physical therapy. Prior imaging did show injury to the right peroneus brevis tendon with subchondral marrow edema. The injured worker did have a surgical intervention for the right ankle on 03/14/13 and a debridement was performed. The injured worker then attended postoperative physical therapy. Prior medication use did include Lyrica which was not reported as beneficial. As of 05/28/14, the injured worker continued to have complaints of constant pain in the right ankle and foot and could not tolerate more than 20 minutes of standing before having to sit down and rest. The injured worker felt that his pain was well controlled with medications which had included Gralise which decreased his burning sensation. The injured worker's pain scores were still 8-9/10 without medication and reduced to 5-6/10 with medications. The injured worker's physical examination noted mild weakness in the right ankle and foot with loss of range of motion. No swelling or effusion was present. There was hypersensitivity and allodynia noted. The requested Gralise 600mg, quantity 90, Omeprazole 20mg, quantity 60, Tramadol ER 150mg, quantity 60, and an orthopedic consult with a foot surgeon were all denied by utilization review on 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600 mg. #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 16-22.

Decision rationale: In regards to the request for Gralise 600mg, quantity 90, this reviewer would have recommended this request as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker was noted to have electrodiagnostic evidence of neuropathic changes in the right peroneal nerve distribution consistent with neuropathy. The injured worker did describe a burning type sensation in the right ankle and foot which had been substantially improved with the use of Gralise. Gralise is a form of Neurontin and a 1st line recommended anticonvulsant utilized to treat neuropathic symptoms. Given the injured worker's objective findings consistent with ongoing neuropathic pain, the use of Gralise would be appropriate and recommended by guidelines. Therefore, this reviewer would have recommended this request as medically appropriate.

Omeprazole 20 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)Gastrointestinal symptoms and cardiovascular risks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the use of Omeprazole 20mg quantity 60, this reivewer would not have recommended this medication as medically necessary based on the clincial documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this reviewer would not have recommended this request as medically necessary.

Tramadol Extend Release (ER) 150 mg. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tramadol ER 150mg, quantity 60, this reviewer would not have recommended this request as medically necessary. In review of the clinical documentation submitted, there is inconsistent information regarding the response to medications. The injured worker did report approximately 50% relief of pain with the use of this medication; however, the clinical reports indicated the injured worker was unable to tolerate more than 20 minutes of standing or walking at one time before he needed to sit and rest. Given the lack of any clear indications regarding functional improvements with the use of Tramadol, continued use of this medication would not be supported by guidelines. Therefore, this reviewer would not have recommended this request as medically necessary.

Orthopedic Consultation with a Foot Surgeon: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32.

Decision rationale: In regards to the request for an orthopedic consult with a foot surgeon, this request would not have been supported as medically necessary. The injured worker's physical examination findings do appear to be fairly stable and consistent with chronic peripheral neuropathic pain. There was no evidence of any further trauma or changes in the bony structure of the right ankle and foot that would reasonably require an orthopedic consult to a foot surgeon. At this point in time, it is unclear what additional information would be provided from an orthopedic consult that would help delineate treatment for this chronic injury. Therefore, this reviewer would not have recommended this request as medically necessary.