

Case Number:	CM14-0202810		
Date Assigned:	01/27/2015	Date of Injury:	06/15/2012
Decision Date:	03/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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: Texas, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic heel, ankle, foot, and low back pain reportedly associated with an industrial injury of June 15, 2012. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve request for a functional capacity evaluation, Norco, omeprazole, a topical compounded cream, a TENS-EMS unit, lumbar support, 12 sessions of physical therapy, and eight sessions of acupuncture. Progress notes of October 22, 2014 and October 29, 2014 were referenced in the determination. The applicant's attorney did not, however, seemingly incorporate any recent clinical progress notes into the Independent Medical Review packet. The sole clinical note on file dated December 19, 2013 was notable for comments that the applicant reported persistent complaints of ankle, foot, and heel pain. Swelling was noted about the calcaneus at the site of the surgical incision. Surgical incision was reportedly doing well, it was stated. It did not appear, thus, that the October 22, 2014 and October 29, 2014 progress notes made available to the claims administrator were incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The request for a functional capacity evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering using a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant's work and functional status were not clearly outlined. The October 22, 2014 and October 29, 2014 progress notes in which the article in question was sought was not incorporated into the Independent Medical Review packet. The historical information on file suggested that the applicant was not working and did not have a job to return to on and around the date of the request, however. However, it was suggested that the applicant did not have a job to return to on or around the date of the request, making it difficult to ascertain why the functional capacity evaluation at issue was being sought. Therefore, the request was not medically necessary.

Norco 500 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not outlined. No recent clinical progress notes were attached to the request for authorization. The information on file did not establish the presence of any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

Omeprazole 20 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: The request for omeprazole (Prilosec), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, no recent progress notes were in file establishing the presence of or ongoing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, although it was acknowledged that the October 22, 2014 and October 29, 2014 progress notes which the claims administrator based its decision upon were not incorporated into the Independent Medical Review packet. The historical progress note of December 19, 2013, moreover, contained no references to issues with reflux, heartburn, and/or dyspepsia. Therefore, the request was not medically necessary.

Gaba Keto Lido Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The gabapentin-ketoprofen-lidocaine compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purpose. Similarly, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that ketoprofen, the secondary ingredient in the compound, is likewise not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

TENS-EMS unit - one month trial at home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: The TENS-EMS device one-month trial was likewise not medically necessary, medically appropriate, or indicated here. One of the elements in the multimodality transcutaneous electric therapy device, electrical muscle stimulation (EMS), is a form of neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the post stroke rehabilitative context. NMES, thus, is not recommended in the chronic pain context present here, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Since one element in the multimodality transcutaneous electrical therapy

device is not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.

Lumbar spine support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for lumbar spine support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 2, page 21, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of June 15, 2012, as of the date of the Utilization Review Report, November 5, 2014. Introduction, selection, and/or ongoing usage of a lumbar support were not indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

Physical therapy - lumbar spine, right ankle and foot, 3 times weekly for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: The request for 12 sessions of physical therapy for the lumbar spine, ankle, and foot was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the October 22, 2014 and October 29, 2014 progress notes in which the article in question was requested were not incorporated into the Independent Medical Review packet. The applicant's functional status, work status, and response to earlier physical therapy treatment were not outlined. Therefore, the request was not medically necessary.

Acupuncture - lumbar spine, right ankle and foot, twice weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 12 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. As noted in the Acupuncture Medical Treatment Guidelines and MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Here, the request for 12 sessions of acupuncture, thus, represents treatment at a rate two to four times MTUS parameters. No rationale for such a lengthy, protracted course of treatment was proffered, although it is acknowledged that the October 22, 2014 and October 29, 2014 progress notes in which the article in question was sought were not incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.