

Case Number:	CM15-0018558		
Date Assigned:	02/06/2015	Date of Injury:	08/10/2011
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 36 year old male who sustained an industrial injury on 08/10/2011. He has reported ankle pain and discoloration. Diagnoses include ankle sprain, recurrent reflex sympathetic dystrophy and multiple lumbar sympathetic blocks. Treatments to date include prior lumbar sympathetic blocks and oral medications. A progress note from the treating provider dated 01/31/2014 indicates the IW still has reflex sympathetic dystrophy (RSD) symptoms that get worse at the end of the day and with increased activity. He is sensitive to light touch over the lower extremity from the knee down and reports light touch as painful. The consecutive lumbar synthetic ganglion blocks did relieve the pain, but they have not been approved for a long time. The left ankle has swelling and limited ankle range of motion. The foot has a purplish cast with the toes rigidly flex and held in a fixed flexion. Working worsens his symptoms by the end of the workday. The plan is to continue the Norco and request physical therapy. On 01/23/2015 Utilization Review non-certified a request for Norco 5/325mg quantity 1.00 noting the medical reports available have not established medical necessity. There was no visual analog scale to describe the pain, and no documented evidence of symptomatic or functional improvement from its previous usage. The MTUS Chronic Pain, Opioids were cited. On 01/23/2015 Utilization Review non-certified a request for Physical Therapy quantity 6.00 noting the medical reports available have not established medical necessity. The MTUS Chronic pain Physical Medicine were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy quantity 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with left ankle pain and sensitivity rated 9/10 described as burning, prickling, and tingling. The patient's date of injury is 08/10/11. Patient is status post lumbar sympathetic blocks at a date unspecified. The request is for PHYSICAL THERAPY QUANTITY 6. The RFA was not provided. Physical examination dated 07/25/14 reveals an antalgic gait, significant positive allodynia and hyperpathia of the left ankle and foot. The skin of the left foot and ankle is noted to be mottled and significantly swollen compared with the right. The toes are noted to be stuck in a "Claw-like position". The patient is currently prescribed Garlic-Parsley oral capsules, Neurontin, Norco, and Skelaxin. Diagnostic imaging was not included. Patient is currently working full time. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regards to the request for 6 physical therapy sessions for the management of this patient's chronic pain, the treater has not provided enough evidence to substantiate additional therapy. Progress note dated 07/25/14 states: "He reports having a month of PT when he first started the injections but states that they were not coordinated to be done directly following the sympathetic blocks." It is unclear when said sympathetic blocks were performed and how many sessions of PT were completed. No other documentation of prior PT is included. While this patient presents with significant clinical history and continuing pathology of the lower extremity, without a specific number of physical therapy sessions completed to date and reports of efficacy, additional sessions cannot be substantiated. The request IS NOT medically necessary.

Norco 5/325mg quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left ankle pain and sensitivity rated 9/10 described as burning, prickling, and tingling. The patient's date of injury is 08/10/11. Patient is status post lumbar sympathetic blocks at a date unspecified. The request is for NORCO 5/325MG QUANTITY 1. The RFA was not provided. Physical examination dated 07/25/14 reveals an

antalgic gait, significant positive allodynia and hyperpathia of the left ankle and foot. The skin of the left foot and ankle is noted to be mottled and significantly swollen compared with the right. The toes are noted to be stuck in a "Claw-like position". The patient is currently prescribed Garlic-Parsley oral capsules, Neurontin, Norco, and Skelaxin. Diagnostic imaging was not included. Patient is currently working full time. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request for Norco, the treater has not documented pain reduction or functional improvement attributed to previous narcotic medications to substantiate another. Progress note dated 07/25/14 states: "Medications that didn't work: Percocet". It is unclear why the treater is prescribing a different opioid analgesic when similar medications did not have efficacy. Furthermore, most recent progress report dated 07/25/14 does not include documentation of analgesia attributed to narcotic medications, nor functional improvements. In addition, no consistent urine drug screens or discussion of aberrant behavior are included. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.