MAXIMUS Federal Services

Case Number:	CM15-0110985		
Date Assigned:	06/17/2015	Date of Injury:	06/06/2014
Decision Date:	09/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old female, who sustained an industrial injury on June 6, 2014. She reported low back pain after her body was jerked from side to side after getting a linen cart and trash cart hung in a door. The injured worker was diagnosed as having lumbar musculoligamentous strain/sprain with bilateral lower extremity radiculitis, status post right ankle surgery, left ankle sprain, emotional complaints, headaches and internal medicine complaints. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, multiple epidural steroid injections, medications and work restrictions. Currently, the injured worker complains of low back pain with pain, tingling and numbness radiating to bilateral lower extremities, bilateral ankle pain and associated bilateral hip pain. She also noted difficulty sleeping, stress, depression, headaches, nausea, diarrhea and upset stomach. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 18, 2015, revealed continued pain as noted. She reported additional worsening wrist and hand pain. Acupuncture for the ankle, diagnostic ultrasound of the ankle, topical medications and oral pain medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks, bilateral ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: This 43 year old female patient has complained of ankle pain and low back pain since date of injury 6/6/14. She has been treated with surgery, physical therapy, epidural steroid injections and medications. The current request is for acupuncture, 2 times a week for 3 weeks, bilateral ankles. Per the MTUS guidelines cited above, acupuncture is not recommended in the treatment of chronic ankle pain. Additionally, there is inadequate provider rationale documented in the available medical records regarding the request for this procedure. On the basis of the available medical records and per the MTUS guidelines cited above, diagnostic acupuncture 2 times a week for 3 weeks bilateral ankles is not medically necessary.

Diagnostic ultrasound study, right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ankle and foot (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: This 43 year old female patient has complained of ankle pain and low back pain since date of injury 6/6/14. She has been treated with surgery, physical therapy, epidural steroid injections and medications. The current request is for diagnostic ultrasound study, right ankle. Per the MTUS guidelines cited above, diagnostic ultrasound is not recommended in the treatment of chronic ankle pain. Additionally, there is inadequate provider rationale documented in the available medical records regarding the request for this test. On the basis of the available medical records and per the MTUS guidelines cited above, diagnostic ultrasound study right ankle is not medically necessary.

Norco 10/325 mg #90 3 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old female patient has complained of ankle pain and low back pain since date of injury 6/6/14. She has been treated with surgery, physical therapy, epidural steroid injections and medications to include opioids since at least 02/2013. The current request

is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Voltaren extended release 100 mg #30 1 per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 43 year old female patient has complained of ankle pain and low back pain since date of injury 6/6/14. She has been treated with surgery, physical therapy, epidural steroid injections and medications to include NSAIDS since at least 02/2013. The current request is for Voltaren ER. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 8 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Voltaren ER is not medically necessary in this patient.

Prilosec 20 mg #30 1 per day: 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): 67-68.

Decision rationale: This 43 year old female patient has complained of ankle pain and low back pain since date of injury 6/6/14. She has been treated with surgery, physical therapy, epidural steroid injections and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary in this patient.