

Case Number:	CM15-0125017		
Date Assigned:	07/09/2015	Date of Injury:	09/04/2014
Decision Date:	09/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 43-year-old female with an industrial injury dated 09-04-2014. Her diagnoses included osteochondral defect left ankle, plantar fasciitis with moderate plantar calcaneal spur and left and right plantar fasciitis. Prior treatment included physical therapy 12 sessions, acupuncture, heel cup, activity modification and injection of plantar fascia at calcaneus. She presents on 05-26-2015 with complaints of left ankle pain and right plantar foot pain both rated as 7 out of 10. Objective findings noted tenderness of lateral aspect of left ankle. There was pain with range of motion of foot and ankle. There was tenderness of plantar fascial. The provider documents medication at current dosing facilitates maintenance of activities of daily living. She notes frequent inability to adhere to recommended exercise regime without medication on board due to pain. Tramadol facilitates average five point diminution in somatic pain, improves range of motion and allows greater tolerance to exercise and activity. Non-steroidal anti-inflammatory drugs facilitate improved range of motion and decreased "achy pain" a three point average with improved range of motion. The provider documents gastrointestinal upset without proton pump inhibitor. Cyclobenzaprine decreases spasm for approximately 4-6 hours facilitating marked improvement in range of motion and decrease in overall pain level an average of 3-4 points' average on a 10 scale. Treatment plan was for extracorporeal shock wave therapy to right foot, TENS and medications. The treatment request is for: Tramadol ER 150 MG #60. Pantoprazole 20 MG #90. Naproxen Sodium 550 MG #90. Extracorporeal Shock Wave Therapy Right Foot x 5 Sessions. Cyclobenzaprine 7.5 MG #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy Right Foot x 5 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for ESWT. MTUS guidelines state the following: Limited evidence exists regarding extracorporeal shock wave therapy. (ESWT) in treating plantar fasciitis to reduce pain and improve function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. According to the clinical documentation provided and current MTUS guidelines; ESWT is not indicated as a medical necessity to the patient at this time.

Tramadol ER 150 MG #60: 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) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no clear objective functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Tramadol, as written above, is not indicated a medical necessity to the patient at this time.

Pantoprazole 20 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Pantoprazole. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also lack of documentation that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. The use of Pantoprazole, as stated in the above request, is determined not to be a medical necessity at this time.

Cyclobenzaprine 7.5 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine is not indicated a medical necessity to the patient at this time.

Naproxen Sodium 550 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is also recommended as a first line medication in pain. According to the clinical documentation provided and current MTUS guidelines; Naproxen is indicated a medical necessity to the patient at this time.