

Case Number:	CM15-0025161		
Date Assigned:	02/17/2015	Date of Injury:	12/18/2013
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 59-year-old female, who sustained an industrial injury on December 18, 2013. She has reported swelling in ankles, recent weight gain, headache and depression with associated tingling and hypersensitivity in lateral ankles and lateral lower legs. The diagnoses have included Sural nerve neuritis and Sims Tarsi Syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain medications, conservative therapies and work restrictions. Currently, the IW complains of swelling in ankles, recent weight gain, headache and depression with associated tingling and hypersensitivity in lateral ankles and lateral lower legs. The injured worker reported an industrial injury in 2013, resulting in the above described pain. She reported slipping and falling at work injuring the ankles. A few days after the injury, while leaving the hospital, she was hit by a car furthering the ankle injuries. She was treated conservatively with physical therapy, treatment modalities and casting of the ankles. On January 14, 2015, evaluation revealed the need for crutches to walk, continued, severe pain interfering with the ability to perform activities of daily living and the continued need for pain medications. On January 16, 2015, Utilization Review non-certified a Xartemis XR 7.5/325mg and 12 physical therapy sessions, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of requested Xartemis XR 7.5/325mg and 12 physical therapy sessions of the bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xartemis 7.5/325 mg, forty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78, 88, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Xartemis 7.5/325 mg nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Twelve sessions of physical therapy for the bilateral ankles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: The apparent stated date of injury is December 2013 and injured employee was stated to have previously participated in physical therapy for the ankles. It is anticipated that she will have transitioned to a home exercise program at this time. Additionally, this request is for 12 visits of physical therapy in the California MTUS guidelines recommends up to 10 visits followed by a transition to a home exercise program. For these multiple reasons, this request for additional physical therapy for the ankles is not medically necessary.

