

Case Number:	CM15-0061284		
Date Assigned:	04/07/2015	Date of Injury:	12/20/2013
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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, Hawaii
 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 is a 43 year old male, who sustained an industrial injury on 12/20/2013. He has reported injury to the left ankle and knee, and the lower back. The diagnoses have included left posterior lower leg muscle strain; left knee sprain; and left ankle sprain; and status post left knee arthroscopy with partial medial meniscectomy. Treatment to date has included medications, diagnostics, injection, acupuncture, physical therapy, and surgical intervention. Medications have included Norco, Naproxen, Methoderm Gel, and Pantoprazole. A progress note from the treating physician, dated 02/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left lower extremity pain and left knee pain; pain radiates to the left leg, left calf, and left foot; pain is rated at 6/10 on the visual analog scale; and medications are helping and pain symptoms are adequately managed with the medications. Objective findings have included limited and painful range of motion of the left knee; tenderness to palpation noted over the quadriceps tendon; and hyperesthesia are present over medial calf, lateral calf on the left side. The treatment plan has included the request for prescriptions: Pantoprazole Sodium DR 20 mg #30; Norco 5/325 mg #30; and Ankle brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sod DR 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with left lower extremity and left knee pain. The current request is for Pantoprazole Sod DR 20MG #30. The treating physician states, "Patient rates the pain as 6/10 with zero being no pain and 10 having the worst pain possible. The pain is characterized as aching. It radiates to the left leg, left calf, and left foot. Condition is associated with muscle spasms. It is aggravated by cold environment. He states that medications are helping. Patient shows no evidence of developing medication dependency. With the current medication regimen, his pain symptoms are adequately managed. Quality of sleep is normal. Pain level has remained unchanged since last visit." (B.190) There is no further discussion of the current request besides one line requesting a refill. The MTUS guidelines state with regards to Proton pump inhibitors, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is currently prescribed an NSAID. However, according to the progress report the patient does not have any gastrointestinal complications due to medication usage. The current request is not medically necessary and the recommendation is for denial.

Norco 5/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with left lower extremity and left knee pain. The current request is for Norco 5/325mg #30. The treating physician states, "Patient rates the pain as 6/10 with zero being no pain and 10 having the worst pain possible. The pain is characterized as aching. It radiates to the left leg, left calf, and left foot. Condition is associated with muscle spasms. It is aggravated by cold environment. He states that medications are helping. Patient shows no evidence of developing medication dependency. With the current medication regimen, his pain symptoms are adequately managed. Quality of sleep is normal. Pain level has remained unchanged since last visit." (B.190) There is no further discussion of the current request besides one line requesting a refill. For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, the treating physician has documented that the patient has moderately decreased pain with opioid usage. There is documented improvement in ADLs and the patient is not having any adverse effects or behaviors attributed to the medication. The current request is medically necessary and the recommendation is for authorization.

Ankle brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371-372.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter, Bracing.

Decision rationale: The patient presents with left lower extremity and left knee pain. The current request is for Ankle Brace. The treating physician states, "Patient rates the pain as 6/10 with zero being no pain and 10 having the worst pain possible. The pain is characterized as aching. It radiates to the left leg, left calf, and left foot. Condition is associated with muscle spasms. It is aggravated by cold environment. He states that medications are helping. Patient shows no evidence of developing medication dependency. With the current medication regimen, his pain symptoms are adequately managed. Quality of sleep is normal. Pain level has remained unchanged since last visit. An ankle brace was dispensed to the patient. Ankle brace will assist the patient to keep his joint in a neutral position which potentially will decrease pain and irritation of the joint." (B.190/192) The ODG guidelines state with regards to bracing, "Not recommended in the absence of a clearly unstable joint. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization." In this case, the treating physician does not provide any indication of an unstable joint in the physical examination. There is a diagnosis of Pain in joint of Ankle and Foot. Without clear documentation of instability, the current request is not supported. The current request is not medically necessary and the recommendation is for denial.