
Notice of Independent Medical Review Determination

Dated: 10/21/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/8/2013
Date of Injury: 11/2/2012
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002351

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 bilateral knee braces (medium size) **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Pamelor 25 mg **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 bilateral knee braces (medium size) **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Pamelor 25 mg **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and Occupational Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 8, 2013:

“The patient is a 54 year old male with a date of injury of 11/12/2012. Under consideration is the prospective request for 1 bilateral knee braces (medium size) and 1 prescription of Pamelor 25mg.

According to the submitted records the patient was being treated for chronic foot and lower extremity pain. Per the most recent examination by Dr. [REDACTED] on 6/27/2013 the patient's relevant objective findings included an antalgic gait, tenderness to palpation over the patellar tendon, quadriceps atrophy bilaterally, and no joint effusion. The patient's foot was also discolored dorsally. Subjectively the patient stated that he has been able to walk more recently and has been using the bone stimulator. Treatments as of this examination have included medications, aquatic therapy, bone stimulator, and a cast for the foot. The patient has been able to walk more recently but other objective functional or subjective improvements with the medication usage and other treatments has not been documented.

Regarding the request for 1 bilateral knee brace the California Chronic Pain Medical Treatment: Guidelines did not comment on bracing for chronic knee pain. Thus, the Official Disability Guidelines are referenced here. The guidelines state that knee braces are recommended but must fit into one of the following criteria. Prefabricated knee braces may be appropriate in patients with diagnosis such as knee instability, ligamentous insufficiency, fracture, meniscal repair, total knee arthroplasty failure, and vascular conditions affecting the knee. Custom-fabricated braces may be appropriate if the patient has an abnormal limb contour, skin changes, severe osteoarthritis, or severe instability noted on exam.

Proceeding with bilateral knee braces is not indicated at this time. The patient does not have a current diagnosis as of the most recently submitted examination that fits guideline criteria for knee braces. Thus, proceeding with a bilateral knee brace for prophylactic or therapeutic measures is not congruent with guideline recommendations. Based on this discussion, the prospective request for 1 bilateral knee braces (medium size) is non-certified.

Regarding the request for Pamelor the California Chronic Pain Medical Treatment Guidelines were searched and cited below. The guidelines state that tricyclics are generally considered a first line agent for chronic pain unless they are ineffective, poorly tolerated, or contraindicated. Tricyclics are generally considered effective, and are considered a first line treatment for neuropathic pain. Furthermore, tricyclic antidepressants are recommended as a first-line option, especially if pain is accompanied by insomnia, anxiety or depression.

Proceeding with Pamelor is indicated at this time. Tricyclic antidepressants are recommended as a first-line option for chronic pain and neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. In a prior examination the patient had subjective findings of increased ability to sleep with the use of Pamelor. Furthermore, the patient has been recently treated for depression and has seen some functional improvement in his walking ability in recent progress reports. Thus, proceeding with continued use of Pamelor is indicated at this time. Based on this discussion, the prospective request for 1 prescription of Pamelor 25mg is certified with modification to 1 prescription of Pamelor 25mg #30, with any remaining pills being non-certified.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/22/2013)
- Utilization Review Determination from [REDACTED] (dated 07/08/2013)
- Employee Medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for 1 bilateral knee braces (medium size):

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (current version), which is not a part of the Medical Treatment Utilization Schedule, (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his decision on the MTUS/American College of Occupational and Environmental Medicine, (ACOEM), Knee Complaints Chapter(ACOEM Practice Guidelines, 2nd Edition (2004), Chapter13, Knee Brace.

Rationale for the Decision:

The employee sustained a work-related injury on 11/2/2012. Medical records provided for review indicate diagnoses of second, third, and fourth metatarsal fractures, tenderness of the foot and both knees. The medical records reviewed show treatments have included medication management, aqua therapy, cam

walker, and activity restrictions. The request is for 1 bilateral knee braces (medium size).

MTUS/ACOEM Guidelines state knee braces can be used to ameliorate issues with instability. In this case, the attending provider has suggested that the employee is having issues pushing off, either as a result of knee issues or as a result of the employee's multiple foot fractures. Temporary use of a knee brace may be helpful in addressing the same. The request for 1 bilateral knee braces (medium size) **is medically necessary and appropriate.**

2) Regarding the request for 1 prescription of Pamelor 25 mg:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the MTUS/Chronic Pain Medical Treatment Guidelines, pg 14.

Rationale for the Decision:

The employee sustained a work-related injury on 11/2/2012. Medical records provided for review indicate diagnoses of second, third, and fourth metatarsal fractures, tenderness of the foot and both knees. The medical records reviewed show treatments have included medication management, aqua therapy, cam walker, and activity restrictions. The request is for 1 prescription of Pamelor 25mg.

The MTUS/Chronic Pain Medical Treatment guidelines state tricyclic antidepressants such as amitriptyline are considered a first-line option in treatment of neuropathic pain, insomnia, anxiety and/or depression. In this case, the employee seemingly has ongoing issues with insomnia for which Pamelor is indicated, per the chronic pain medical treatment guidelines. Based on the documentation on file, it appears that Pamelor has been effective. The request for 1 prescription of Pamelor 25mg **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.