
Notice of Independent Medical Review Determination

Dated: 11/21/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	8/15/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004734

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Hydrocodone/APAP 10/325mg #90** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Anaprox 550mg #60** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60** is not medically necessary and appropriate.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **12 Acupuncture sessions** is not medically necessary and appropriate.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 right ankle support** is medically necessary and appropriate.
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 Orthopedic consultation** is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/3/2013. 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 **Hydrocodone/APAP 10/325mg #90** is medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Anaprox 550mg #60** is not medically necessary and appropriate.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #60** is not medically necessary and appropriate.
- 4) MAXIMUS Federal Services, Inc. has determined the request for **12 Acupuncture sessions** is not medically necessary and appropriate.
- 5) MAXIMUS Federal Services, Inc. has determined the request for **1 right ankle support** is medically necessary and appropriate.
- 6) MAXIMUS Federal Services, Inc. has determined the request for **1 Orthopedic consultation** 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 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.

Expert Reviewer Case Summary:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Mr. [REDACTED] is a 54-year-old represented [REDACTED] service technician, who has filed a claim for chronic ankle and leg pain reportedly associated with an industrial injury of August 15, 2011.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; apparent diagnosis with right lower extremity compound fracture; multiple surgeries involving the tibia and fibula; extensive periods of time off of work; and transfer of care to and from various providers in various specialties.

In a utilization review report of July 18, 2013, the claims administrator denied request for Norco, Naprosyn, Prilosec, acupuncture, ankle support, and an orthopedic consultation.

The applicant's attorney subsequently appealed. A handwritten note of July 3, 2013, is notable for comments that the applicant reports pain about the injured ankle, 5/10. Portions of note are not entirely legible. It is stated that the applicant's pain fluctuates. He exhibits tenderness and swelling about the injured ankle with range of motion testing. He uses a cane to ambulate. Recommendations are made for the applicant to pursue acupuncture, employ an ankle support, and obtain medications refills while remaining off of work, on total temporary disability.

A later note of September 13, 2013 is also handwritten, not entirely legible, notable for 5/10 ankle pain. The applicant is using an ankle brace and a cane, which apparently are reducing pain and function. He is having issues with anxiety. Limited range of motion is still appreciated. The applicant is asked to pursue an initial trial of acupuncture of six sessions while remaining off of work, on total temporary disability. It is stated that the applicant has decreased pain and is able to walk further through ongoing usage of Norco. It is stated that other means of treating pain has been ineffective. It is stated that Xanax is being employed for stress and anxiety.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Hydrocodone/ APAP 10/325mg #90 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, When to Continue Opioids, pg. 80, which is a part of the MTUS.

Rationale for the Decision:

As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for continuation of opioid therapy includes evidence of successful return to work, improved function and/or reduced pain affected through usage of same. The medical records reviewed in this case indicate two or three criteria appear to have been met. The employee reports improved function and reduced pain through ongoing usage of Norco, although it is noted that employee appears to have failed to return to work. **The request for Hydrocodone/APA 10/325mg #90 is medically necessary and appropriate.**

2) Regarding the request for Anaprox 550mg #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which is a part of the MTUS..

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications, pg. 22, which is a part of the MTUS.

Rationale for the Decision:

While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that anti-inflammatory medications such Naprosyn are the traditional first line of treatment, the MTUS further notes that long-term usage of the same may not be warranted. A review of the records provided in this case note the attending provider suggested on the most recent September 13, 2013 progress note that previous medications used to treat the employee's pain, presuming including Naprosyn, were ineffective. In this case, the documentation suggests that the employee failed to effect prior functional improvement as defined in MTUS 9792.20(f), through prior usage of Naprosyn in terms of work status, work restrictions, activities of daily living and/or diminished reliance on medical treatment. **The request for Anaprox 550mg #60 is not medically necessary and appropriate.**

3) Regarding the request for Prilosec 20mg #60 :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Treatment of dyspepsia secondary to NSAID therapy, pg 69, which is a part of the MTUS.

Rationale for the Decision:

While page 69 of the MTUS chronic pain medical treatment guidelines indicate that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID induced dyspepsia. However, the records reviewed in this case do not provide evidence of, or mention the occurrence of dyspepsia, either NSAID induced or stand alone. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

4) Regarding the request for 12 Acupuncture sessions :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is a part of the MTUS and the Official Disability Guidelines (ODG), Ankle & Foot (Chronic & Acute), which are not a part of the MTUS.

The Expert Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is a part of the MTUS.

Rationale for the Decision:

It is suggested on a progress note of September 13, 2013 that this request for acupuncture is an initial course of acupuncture. As noted in MTUS guidelines the time deemed necessary to effect functional improvement following introduction of acupuncture is three to six sessions. This implies that an initial course of acupuncture should be in a three to six session range. Therefore, the request is non-certified on the grounds that the treatment requested by attending provider is two to four times that endorsed in MTUS. **The request for 12 Acupuncture sessions is not medically necessary and appropriate.**

5) Regarding the request for 1 right ankle support :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Ankle & Foot (Acute & Chronic), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Physical Methods, Table 14-3, pg 370, which is a part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, Table 14-3, splinting or immobilization is endorsed in severe cases of ankle pain. The medical records provided in this case indicate the employee's ankle and lower extremity pain status post multiple surgeries does appear to be severe. The employee seems to have ongoing issues with gait derangement that require usage of a cane to ameliorate. A brace would likewise be beneficial here. It is suggested on later note of September 13, 2013 that the employee did respond favorably to introduction of a brace. **The request for 1 right ankle support is medically necessary and appropriate.**

6) Regarding the request for 1 Orthopedic consultation :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 14 (Ankle and Foot Complaints) (2004), pg. 374-5, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Ankle and Foot Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 14), Surgical Considerations, pg. 374 and the Chronic Pain Medical Treatment Guidelines, pg. 1, which are a part of the MTUS.

Rationale for the Decision:

As noted in MTUS-Adopted ACOEM guidelines in Chapter 14, surgical consultation is indicated in those individuals, who have persistent deficits, without evidence of functional improvement, who fail to improve via exercise programs and have evidence of a lesion, which may be amenable to surgical correction. The medical records reviewed in this case indicate the employee has a history of multiple prior surgeries, and may be a candidate for further surgery. The employee has certainly failed to progress with prior treatment, as suggested by the fact that the employee remains off of work, on total temporary disability. It is also noted that page 1 of the MTUS Chronic Pain Medical Treatment echoes the ACOEM recommendation, noting that an employee's failure to progress should lead a primary treating physician to reconsider the diagnosis and decide whether a specialist evaluation is necessary. **The request for 1 Orthopedic consultation 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,

Paul Manchester, MD, MPH
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.