

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/6/2013
Date of Injury:	7/31/2011
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008122

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ultram 50mg #90, 2 refills qty: 270 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **lateral ankle ligament reconstruction is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #30, 2 refills is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 8/6/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/8/2013. 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 **Ultram 50mg #90, 2 refills qty: 270 is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **lateral ankle ligament reconstruction is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Prilosec 20mg #30, 2 refills is not 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 Orthopedic Surgery 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:

The patient is a 51-year-old female who reported a work-related injury on 07/31/2011, as the result of a fall. The patient presents with continued left knee and left ankle pain complaints. MRI of the left ankle dated 12/01/2011 signed by [REDACTED] revealed: (1) the anterior talofibular ligament was difficult to visualize on the axial T1 images, but was likely grossly intact seen on the sagittal images. There may be a degree of a chronic partial tear. The calcaneal fibular ligament was grossly intact. The posterior talofibular ligament shows mild signal heterogeneity and moderate periligamentous edema-like signal compatible with residual moderate sprain; (2) a 1.2 by 0.5 by 0.4 ganglion cyst was seen immediately adjacent and inferior to the calcaneal navicular articulation; and (3) the distal fibula at the posterior talofibular ligament insertion shows focal mild subchondral cystic changes measuring approximately 6 mm which could represent developing small interosseous ganglion otherwise the ankle mortise and talar dome appear intact. The clinical note dated 09/16/2013 reports the patient was seen for follow up under the care of [REDACTED]. The provider documents the patient continues to present with a feeling of instability about the left ankle. The provider reported the patient utilizes Motrin, Celebrex, Prilosec, Ultram, and Anaprox for her pain complaints. X-rays of the patient's left ankle revealed no significant bony or soft tissue abnormalities, stress views revealed no talar tilt in the mortise; however, pain was reported with inversion stress and soft tissue swelling laterally. The provider documented the patient, upon physical exam of the left ankle, continued with swelling and palpation was tender anterolaterally.

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 Ultram 50mg #90, 2 refills qty: 270:

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, Tramadol (Ultram®), pages 93-94, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®), pages 93-94, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain guidelines state “is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain.” The guidelines also state “4 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 aberrant drug taking behaviors).” The clinical notes submitted do not evidence support for the employee’s continued utilization of Ultram 50 mg. The clinical note reports that the employee utilizes 1 to 2 tabs every 4 hours as needed for pain; however the clinical notes fail to document the patient’s report of efficacy with the current medication regimen as evidenced by a decrease in rate of pain on a VAS scale and increase in objective functionality. **The request for Ultram 50mg #90, with 2 refills, qty: 270 is not medically necessary and appropriate.**

2) Regarding the request for lateral ankle ligament reconstruction:

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 (ODG), Lateral ligament ankle reconstruction (surgery) and Indications for Surgery-Lateral ligament ankle reconstruction, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers’ Compensation, the Expert Reviewer

based his/her decision on the Official Disability Guidelines (ODG), Lateral ligament ankle reconstruction (surgery).

Rationale for the Decision:

The medical records submitted for review lack documentation of exhaustion of conservative treatment including use of an orthotic and injection therapy. Furthermore, imaging studies of the employee's left ankle do not reveal motion at the ankle or subtalar joint, at least 15 degrees lateral opening at the ankle joint to support the requested operative procedure. **The request for a lateral ankle ligament reconstruction is not medically necessary and appropriate.**

3) Regarding the request for Prilosec 20mg #30, 2 refills:

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, Use of NSAIDs and SSRIs, page 69, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, which is part of the MTUS.

Rationale for the Decision:

The medical records submitted lack documentation that the employee has any gastrointestinal complaints that would require a long-term proton pump inhibitor (PPI). Utilization of an anti-inflammatory is not sufficient enough rationale for continued utilization of Prilosec, which the provider documents the patient utilizes 1 capsule by mouth every day. **The request for Prilosec 20mg #30 with 2 refills is not 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

/db

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.