

Case Number:	CM15-0123733		
Date Assigned:	07/15/2015	Date of Injury:	11/28/2014
Decision Date:	10/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 26 year old male, who sustained an industrial injury on 11/28/2014. The mechanism of injury is injury from being hit from behind from 200-pound set-cart. The current diagnoses are severe left Achilles tendinosis, significant bone contusion oscalsis on the left, left tarsal navicular fracture, left ankle edema, and mild Achilles tendon contracture. According to the progress report dated 5/4/2015, the injured worker complains of left ankle pain and swelling. The level of pain is not rated. The physical examination of the left ankle reveals tenderness to palpation over the Achilles tendon, positive stiffness/swelling, and decreased range of motion. The medications prescribed are Naproxen and Ultram. There is documentation of ongoing treatment with Naproxen since at least 2/13/2015. It is unclear when Ultram was originally prescribed. Treatment to date has included medication management, x-rays, physical therapy, and MRI studies. Work status is to remain off work until next office visit. A request for Ultram, Naproxen, 12 physical therapy sessions to the left ankle, and pain management consult has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: Indications for referral to pain management include all of the following: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. According to the documentation provided the IW had been prescribed Naproxen and Percocet but there was no reevaluation with regards to response. There is no documentation that the IW had failed to respond to treatment thus referral to pain management is not medically necessary and appropriate.

Physical Therapy for the Left Ankle (12-sessions, 3 times a week for 4-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the submitted medical records failed to provide documentation regarding physical therapy history and how many sessions the injured worker had received since date of injury. In addition, there is no documentation of functional benefit or

improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on the CA MTUS guidelines and submitted medical records, the request for physical therapy is not medically necessary.

Ultram 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. In this case, there was no documentation when Ultram was originally prescribed or that the injured worker has failed first-line oral analgesic use. In addition, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Ultram is not medically necessary.

Naproxen 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, there is documentation of ongoing treatment with Naproxen since at least 2/13/2015. The guidelines recommend NSAIDs for short-term symptomatic relief, and continuation for any amount of time does not comply with the recommended guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Naproxen is not medically necessary.