

<b>Case Number:</b>	CM13-0021760		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	09/26/2010
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and derivative depression reportedly associated with an industrial injury of October 5, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a TENS unit; psychotropic medications; and extensive periods of time off of work. It does appear that the applicant is off work owing to the mental health issues as opposed to medical issues. The applicant also is in the process of undergoing heel surgery/calcaneal surgery. In a utilization review report of August 28, 2013, the claims administrator apparently certified a request for left calcaneal lengthening osteotomy. Norco 60 tablets and 60 tablets of Percocet were certified. Six postoperative physical therapy visits were certified. A 12-week rental of a wheelchair was certified. It is incidentally noted that the dates of the utilization review reports are not clear. It appears that all of these requests were initially denied and then later partially certified before the applicant's attorney subsequently made an appeal. An orthopedic consultation report of August 19, 2013 is notable for comments that the applicant is no longer working as a truck driver. He is having ongoing issues with foot and leg pain. He is using Prozac and Norco. He does have rheumatoid arthritis, depression, hypertension, and dyslipidemia. He is asked to pursue surgery. The applicant has indwelling hardware about the feet. He is neurovascularly intact and is asked to pursue surgery, a wheelchair rental postoperatively, and six sessions of postoperative physical therapy. Both Norco and Percocet are sought. The attending provider states he will instruct the applicant to only use Percocet if Norco is insufficient to control the applicant's pain. The attending provider states that he believes that the applicant will be unable to rectify gait deficits owing to usage of a cane, crutches, or walker alone postoperatively. The applicant will be asked to remain non-weightbearing postoperatively, it is further noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **60 Tablets of Norco 10/325mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**Decision rationale:** As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco, a short-acting opioid, can be employed in the treatment of moderate-to-severe pain. While this case would represent a postoperative case as opposed to a chronic pain case, MTUS 9792.23.b.2 does state that the postsurgical treatment guidelines in section 9792.24.3 can be used together with any other applicable treatment guidelines found elsewhere in the MTUS. Therefore, although this is not a chronic pain case, page 91 of the MTUS Chronic Pain Guidelines has been cited.

### **60 Tablets of Percocet 10/325mg (Post-Operative Medication): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

**Decision rationale:** As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioids, such as Percocet can be used as to control breakthrough pain. In this case, the attending provider has stated that he intends to employ Percocet for breakthrough pain purposes if Norco is inadequate of controlling the applicant's pain alone. This (breakthrough postoperative pain) does represent an MTUS-approved usage of Percocet. Therefore, the request is certified

### **6 Post-Operative Physical Therapy Visits: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.3.a.2, an initial course of therapy represents one-half of the overall course of therapy recommended for specific surgery. In this case, the MTUS endorses eight sessions of treatment for diagnosis of peroneal tendon repair, posterior tibial tendinitis surgery, and posterior tibial tenosynovitis surgery. In this case, the calcaneal

lengthening surgery which the applicant is undergoing is essentially analogous to any or all of these procedures. One-half of the general course of treatment would represent four sessions of treatment. Nevertheless, since partial certifications are not possible through the independent medical review process, the entire request is wholly certified on the grounds that it will be preferable to provide some therapy as opposed to no therapy and also on the grounds that the calcaneal tendon lengthening surgery, which the applicant is undergoing is not necessarily synonymous with those procedures which are encapsulated in the MTUS Postsurgical Guidelines. For all these reasons, then, the request is certified.

**12 Weeks Rental of Wheelchair: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** Again, MTUS 9792.23.b.2 suggests that postoperative treatment guidelines can comprise of those guidelines found in section 9792.24.3 coupled with any other guidelines found elsewhere in the MTUS. In this case, the attending provider suggested that the applicant will be non-ambulatory and/or a non-weightbearing status following the heel surgery. The attending provider states that he believes that the applicant will be unable to rectify these deficits to the usage of a cane, crutch, and/or walker alone. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that usage of a manual wheelchair is indicated to rectify an applicant's functional mobility deficits. In this case, the applicant will be non-ambulatory for 12 weeks postoperatively, the attending provider has suggested. Provision of a wheelchair rental during this timeframe is indicated and appropriate. Therefore, the request is certified, on independent medical review.