

<b>Case Number:</b>	CM13-0034160		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/25/2000
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 physical medicine and rehabilitation, and is licensed to practice in Illinois. 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.

### 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 patient is a 47-year-old male who reported a work-related injury on 07/25/2000, as a result of cumulative trauma to the bilateral feet. Subsequently, the patient is treated for plantar fasciitis. The clinical note dated 11/27/2013 reports the patient continues to seek treatment under the care of [REDACTED]. Review of the multiple clinical notes by [REDACTED] all remain unchanged and document the same findings. Subjectively, the patient reports continued pain to the soles of the feet. Objectively, there is tenderness upon palpation of the soles of the feet. The clinical notes document the patient utilizes oxycodone 30 mg 2 by mouth 3 times a day and methadone 10 mg 2 three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy-ultrasound to soles of feet (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, 123. Decision based on Non-MTUS Citation ODG Ankle and Foot (updated 08/19/13)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes failed to evidence if

the patient had previously utilized this modality and the efficacy of treatment for the patient's plantar fasciitis diagnoses. The patient presents status post his work-related injury of over 13 years. It is unclear the patient's course of treatment with supervised therapeutic interventions. California MTUS and ACOEM do not specifically address the request. However, Official Disability Guidelines indicates therapeutic ultrasound is not recommended. Therapeutic ultrasound is no more effective than placebo in the treatment of plantar heel pain. Given the above, the request for physical therapy-ultrasound to soles of feet (2x4) is not medically necessary or appropriate.

**Oxycodone 30 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

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

**Decision rationale:** The clinical documentation fails to evidence support for the patient's chronic utilization of the requested medication regimen. The patient presents with a diagnosis of plantar fasciitis with a date of injury of over 13 years in duration. The patient's current medication regimen appears excessive in nature, as the patient utilizes oxycodone 30 mg 2 tabs by mouth 3 times a day, as well as methadone 10 mg 2 tabs by mouth 3 times a day. The clinical notes fail to evidence the patient's reports of efficacy with his current medication regimen, as documented by a decrease in rate of pain on a VAS and increase in objective functionality. Furthermore, it is unclear if the provider has previously attempted to have the patient begin weaning from utilization of this medication to lower levels of treatment for a diagnosis of plantar fasciitis. In addition, California MTUS indicates, "Based on extensive clinical experience, 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 nonadherent) 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." Given the above, the request for oxycodone 30 mg #180 is not medically necessary or appropriate.

**Methadone 10 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

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

**Decision rationale:** The clinical documentation fails to evidence support for the patient's chronic utilization of the requested medication regimen. The patient presents with a diagnosis of plantar fasciitis with a date of injury of over 13 years in duration. The patient's current medication

regimen appears excessive in nature, as the patient utilizes oxycodone 30 mg 2 tabs by mouth 3 times a day, as well as methadone 10 mg 2 tabs by mouth 3 times a day. The clinical notes fail to evidence the patient's reports of efficacy with his current medication regimen, as documented by a decrease in rate of pain on a VAS and increase in objective functionality. Furthermore, it is unclear if the provider has previously attempted to have the patient begin weaning from utilization of this medication to lower levels of treatment for a diagnosis of plantar fasciitis. In addition, California MTUS indicates, "Based on extensive clinical experience, 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 nonadherent) 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." Given the above, the request for methadone 10 mg #180 is not medically necessary or appropriate.